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ABSTRACT

National Education Goal One, as framed by President Bush and the governors of the 50 states in 1989, declares that by the year 2000, all children in America will start school ready to learn. This sourcebook identifies and provides information about 20 promising comprehensive state and local strategies designed to improve learning readiness among children and adolescents. After defining learning readiness, the booklet discusses some obstacles to readiness, such as poor child health, the lack of a stable and caring home environment, and the lack of an engaging and responsive school environment. Successful programs that address the obstacles to learning readiness: (1) are comprehensive and flexible; (2) focus on the whole family; (3) are accessible and client-oriented; (4) build relationships of trust and respect with children and families; and (5) emphasize prevention rather than remediation. The greater part of the sourcebook consists of two-page profiles of learning readiness programs in eight preschools, four elementary schools, and four secondary schools, and eight learning readiness programs for families and individuals of all ages. Each profile explains the primary focus of the program and the program's scope, describes the program and its funding, discusses evaluations and future plans of the program, and provides the name, address, and telephone number of a contact person. Several full-page black and white photographs illustrate the text. Contains 136 references. (MDM)

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Learning Readiness: Promising Strategies

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Learning Readiness: Promising Strategies

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Preface

How can we enable all of America's children to be ready to learn? This sourcebook identifies and provides information about 20 promising comprehensive state and local strategies that serve as a partial response to this question. The book begins with a definition of "learning readiness" and a brief discussion of preventable obstacles that we must address to achieve our goal. We hope this sourcebook will be helpful as the Federal Government, states, and communities join together to undertake this important effort to ensure that all children arrive at school on the first day, and every day thereafter, fully ready to learn.

"Learning Readiness: Promising Strategies" was produced as part of the Department of Health and Human Service's Learning Readiness Initiative. The strategies included were nominated by a number of national experts, including members of the Technical Advisory Group, appointed by the Initiative's Steering Committee. Further information can be obtained either from the program contact listed in the sourcebook or from the National Center for Service Integration, c/o National Center for Children in Poverty, Columbia University, 154 Haven Avenue, New York, New York, 10032. (212) 927-8793, FAX (212) 927-9162.

The Department would like to thank the program directors who gave so generously of their time in compiling and mailing documents, talking with us, and reviewing their program descriptions.

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Introduction

While families are, and must remain, the primary support for their children, caring for America's children must also be the responsibility of the entire society. As President Bush put it, "Nothing better defines what we are and what we will become than the education of our children." Education means opportunity, not just for each individual child but also for our nation.

The National Education Goals

In this spirit, the President and the Governors of the 50 states in the Fall of 1989 framed six "National Education Goals": "readiness for school," "high school completion," "student achievement and citizenship," "science and mathematics competencies," "adult literacy and lifelong learning," and "safe, disciplined and drug-free schools." More specifically, National Education Goal #1 provides that:

By the year 2000, all children in America will start school ready to learn.

To address this goal, a Steering Group was established under the leadership of the Secretaries of Health and Human Services and Education. Other members of the Steering Group are Booth Gardner, the Governor of Washington State, Dr. David Hamburg, the President of the Carnegie Corporation of New York, and Dr. James Renier, the Chief Executive Officer of the Honeywell Corporation.

As part of their activities, the Steering Group directed the development of a sourcebook of broad strategies. These are strategies that communities and states are undertaking to address the problems that prevent children from being able to learn before and throughout their school years.

What is Learning Readiness?

Learning readiness is the capacity to engage actively in the learning process. For children to benefit from instruction at school, they must arrive on their first day and every day thereafter at their fullest potential of learning readiness. A child's full potential to learn is threatened by poor health, inadequate nutrition, and emotional instability or distress.

Preventable causes of these conditions include: low birthweight; prenatal exposure to drugs, alcohol, and cigarette smoke; lead poisoning; child abuse and neglect; absence of immunizations; inaccessibility to health and mental health care; unsafe communities; the misuse of drugs, alcohol and weapons; pregnancy; family instability and dysfunction; and schools that are not designed to engage their students in active learning. Older children also face additional problems as they are confronted with pregnancies, drugs, alcohol, smoking, and weapons. It is the preventable causes of a diminished capacity to learn that this sourcebook seeks to address.

Community Learning Readiness Strategies

Because the learning readiness problems experienced by children in a given community will vary widely, from the impact of prenatal care to poor parenting or environmental health hazards, a community which seeks to address learning readiness in a meaningful fashion must have an equally broad array of flexible programmatic responses. Strategies must also be family focused. Many of the learning readiness problems faced by children are interrelated with the problems of family members, and, indeed, few serious problems faced by children can be solved without the involvement and support of the family. Comprehensive learning readiness strategies must also involve neighborhoods and communities.

Schools must not be forced to continue to serve as the human service providers of last resort. It is, however, important that schools be prepared to stimulate each child's natural curiosity and eagerness to learn. The ability of schools to stimulate learning successfully, in turn, requires individualization, program flexibility and collaboration with other community resources. Health providers, social services agencies, voluntary agencies, schools, businesses, parents, and neighborhood residents must all be part of the effort.

In sum, a serious effort by any community to meet the "learning readiness" needs of all of its children necessarily requires the development of strategies which enable neighborhoods, families and the children themselves, to accept and share responsibility for a comprehensive, integrated, family-focused and ongoing effort to meet the needs of the "whole child."

The Sourcebook

The sourcebook focuses on broad, coordinated strategies, recognizing that our experience strongly indicates both that the needs of many of these children, particularly those living in families at or near the poverty level, are complex and interconnected and that many of these same children and families cannot currently gain access to all of the services which they need in a coordinated and continuous fashion. In reality, because multiple factors may threaten simultaneously a child's achievement, for that child, addressing only one of the factors, no matter how effectively, without addressing the others will still result in reduced learning capacity. With an audience of policymakers in mind, the sourcebook provides basic information on twenty promising "learning readiness" efforts now under way around the country.

Investment in the learning readiness of our children is truly investment in our future; this sourcebook will have achieved its purpose if it can help policymakers, educators, human service professionals, parents and other concerned Americans expand that investment.

Obstacles to Learning Readiness

We cannot remove the roadblocks to learning readiness and ensure that every child in America is ready to learn in school unless we understand what these obstacles are. It is especially important to identify the obstacles because many are preventable or can be ameliorated through program strategies. While the complexity and interrelatedness of many of the obstacles makes it difficult to talk about each in a compartmentalized way, we have organized this summary into discussions of obstacles related to health, obstacles related to the family and community environment, and obstacles related to school.

A healthy child is ready to learn.

Obstacles to children's good health occur during the prenatal period and throughout childhood and adolescence. And yet, for children to make full use of the schooling they are offered, they must be in good health.

Many children are at a disadvantage from the moment they are born because of their mothers' unhealthy behaviors during the prenatal period. Children of mothers who smoke regularly during pregnancy – an estimated 21 to 32 percent of U.S. women – are at greater risk of low birth weight, prematurity, and lung disorders.[1] They are also slower to accomplish basic developmental tasks in infancy. When children of smokers reach school age, they tend to have poorer reading skills and a higher rate of hyperactivity than children of non-smokers.[2]

Alcohol use during pregnancy is also a serious threat to children's health and development; about 40,000 children are born each year with alcohol-related impairments.[3] These children, as well as the growing population of children born exposed to drugs, may be affected by a parent's drug use either prenatally or after birth. Addiction is a chronic, family disease that affects every person in the household.

Children are far less likely to be born healthy if their mothers have had inadequate prenatal nutrition and care. Nutritional deprivation during pregnancy can cause irreparable damage to the child. Nearly a quarter of U.S. women giving birth each year do not receive early and adequate prenatal care, that is, care beginning in the first trimester and continuing at regular intervals,[4] and those women are three times as likely to deliver low birth weight babies. As a group, low birth weight babies,[5] if they survive, are much more likely to suffer from chronic conditions – such as visual impairment, and developmental disabilities – that follow children throughout their school careers, often posing serious ongoing obstacles to learning.[6] At least one of 10 school-aged children from poor families and one of 20 children from non-poor families has a chronic health condition that restricts daily schoolwork or play.[7]

Many children and pregnant women lack access to health care because they live in rural or inner-city areas that lack the personnel and facilities to provide health services. In other instances, it is the lack of health insurance coverage that prevents families from getting needed health services. Few American families today can pay for their children's health

care without public or private health insurance, yet an estimated 32 million Americans, including 8.3 million children under 18, are currently without health insurance protection.[8]

Not receiving proper immunizations and routine pediatric care can also limit children's learning readiness. Nearly 20 percent of children report no contact with a physician in the past year.[9] And 30 percent of two-year-olds[10] and over 50 percent of those living in urban areas[11] have not received all the recommended immunizations against preventable childhood diseases. Parent education and improved access to routine pediatric care are crucial to prevent serious outbreaks of rubella, whooping cough and other preventable diseases with long-term effects limiting school readiness.

Among the health risks in children's environments, lead poisoning is the most pervasive, endangering as many as 14 million youngsters of all ages, particularly those who live in poor housing.[12] According to the Centers for Disease Control, 10 to 15 percent of children under 6, or about 300,000 to 450,000 children, are estimated to be affected.[13] Even small amounts of lead can cause severe and lasting effects on children, such as damaging the nervous system (including the brain), interfering with growth, harming hearing, and causing difficulties in concentrating and learning.[14] Among school aged children, accidents are the major source of morbidity and mortality.[15] Failure to use car seats, seat belts, and bicycle and motorcycle helmets leads to injuries resulting in long-term physical and mental disabilities that cause children difficulties in school. Violence in schools and neighborhoods is now the second leading cause of death for 15-to 24-year-olds in the U.S. and an increasing threat to younger children as well.[16]

Hunger and inadequate nutrition are facts of life for at least 2 million U.S. children.[17] Hunger prevents children from concentrating in school, and inadequate nutrition is associated with debilitating, long-term effects, particularly on infants and young children. Growth is often slowed; children are more susceptible to illness; and they are at greater risk of developmental disabilities that impair learning.[18] It is poor children who most often suffer nutritional inadequacies, most commonly iron deficiency anemia.[19]

Poor health practices that adversely affect learning readiness are common among U.S. adolescents. Besides having bad eating habits, many American teenagers get far too little exercise.[20] Drug use shows signs of dropping off somewhat, but as of 1989, 44 percent of high school seniors had tried marijuana, and 31 percent had experimented with an illicit drug other than marijuana. About 91 percent had used alcohol and 66 percent smoked cigarettes.[21] Alcohol and drug use decreases learning both in and out of school. The prevalence of smoking among young people, while it does not impact learning readiness directly, increases the likelihood that teenage girls will smoke while pregnant, placing their infants at risk. Poor emotional health in adolescents — the result of untreated depression, anorexia, and other such conditions — also prevents them from focusing their full attention on their schoolwork.

Adolescent sexual activity has been increasing in the U.S. for at least two decades, carrying with it the risk of sexually transmitted diseases and pregnancy. An estimated 3 million teenagers contract a sexually transmitted disease before graduating from high school, and the number contracting HIV

is growing.[22] With dramatic increases in adolescent sexual activity, teen pregnancy rates are significantly higher in the U.S. than in many other industrialized countries. Teen pregnancy is a two-sided obstacle to readiness. When girls who are not grown themselves give birth, their infants are likely to be low in birth weight and prone to the associated disabilities.[23] And the young women themselves are less likely to complete high school than those who delay childbearing until their twenties.[24] Prevention is the key, but for those who do become pregnant, there must be special assistance to assure the completion of education.

A child who has a stable, caring environment is ready to learn.

Of all the elements of children's environment, the family has the most far-reaching and pervasive impact on every aspect of their well-being and readiness to learn. Some features of the American family, which has undergone radical changes over the last three decades, may limit children's learning readiness.

With high rates of divorces and out-of-wedlock pregnancies, slightly more than half of American children now spend part of their childhood in a single-parent family.[25] Children who grow up without the support and personal involvement of both parents are more vulnerable to problems throughout childhood and adolescence. Moreover, single parents generally carry a heavy load of stress and responsibility, especially if they work full-time, and may have less time to spend with children on school-related activities. Female-headed families with children are also far more likely to be poor than married-couple families. Not surprisingly, children in single-parent families are at greater risk of educational difficulties than children living with two parents; they score lower on standardized tests, get lower grades in school, and are twice as likely to drop out of high school.[26]

All families rearing children experience stress, and for teenage parents, single parents, and families in poverty, stress is often severe. When parents are under stress, they may be more punitive, inconsistent and unresponsive in their child rearing, which, in turn, produces psychological distress in children.[27] In the most extreme instances, children may be abused or neglected. About 1.5 million children in the U.S. today, most of them under five, have been reported to have been physically, sexually, or mentally abused.[28] These children often become aggressive and distractible, lacking in self-control, depressed and low in self-esteem. Even after they are no longer being abused or neglected, children do not quickly regain their emotional well-being and readiness to learn.

Some of the children who already face the devastating effects of abuse or neglect are removed from their homes and placed in foster care or other out-of-home placements. Though removal from the home is often necessary to protect the children, it does not solve, and may aggravate, their problems since the foster care system is sometimes unable to provide the stable, caring relationships these youngsters so badly need. Over half of the children experience two or more placements, and eight percent are moved six or more times.[29] When they change foster homes they must often change schools as well, and they fall farther and farther behind in their schoolwork. With such instability, it is not surprising that adolescents who have been in foster care are more likely than other adolescents to drop out of school, to become

pregnant, to be unemployed, and to spend time in jail.[30]

Extreme instability is also experienced by homeless children and youth. Roughly 68,000 children and their families are homeless at any given time, an estimated 310,000 over the course of a year. Though it is very difficult to estimate the number of runaway and homeless youth, there are believed to be around 1.3 million each year.[31] Lacking a sense of security, living under unsafe and unstable conditions, and doing without many basic resources, many of these children and adolescents end up with multiple problems, including poor health and nutrition, severe developmental delays, and a range of emotional difficulties and extreme behaviors.

Even for parents who do not face such severe problems, child rearing is far from easy, and today many parents feel they have too little time to devote to their children. One reason is the large numbers of families where both parents, as well as single mothers, work outside the home. In 1990, 62 percent of women with children under 13 were employed.[32] Says pediatrician T. Berry Brazelton: "There is every indication that families in the U.S. are trying to handle more than they can alone. . . . The parents feel there is not enough time left for caring for their children."

As Ernest Boyer argues in *Ready to Learn,* time is a problem for families, but inadequate parenting skill is a problem, too. Having little awareness of how children learn and develop, many parents have unrealistic expectations of their children and little knowledge of what is involved in effective child rearing. For instance, nearly 30 percent of today's parents do not regularly read to their children, generally because they simply do not know they should.[33]

Next to parents, it has been said that television is the child's most influential teacher. American children spend a great deal of time watching TV, averaging an hour a day even at age five and four hours daily in early adolescence.[34] With the fast-paced rhythms of TV, many teachers and experts are concerned that children are developing a shorter attention span, as well as a more passive mode of learning. Excessive television and video watching also may be correlated with the development of antisocial behavior and emotional problems.[35] Because the quantity and quality of TV viewing makes such a difference in children's readiness to learn, parents need to be aware of the importance of limiting and guiding children's viewing and of encouraging alternatives like active play and family activities.

No matter how good a job parents do within the four walls of their home, children's well-being and readiness are threatened by living in an unsafe community. Growing up in poor, urban communities, children see too few role models who have been able to succeed in life through achievement in school and career. And in many neighborhoods, young people are surrounded by drugs, alcohol, gangs and violence. Many of the nation's children are "growing up scared," warns social demographer, Karl Zinsmeister. "A good school, an accessible doctor, a rich library . . . these are of little use to a child . . . who fears the very sidewalks or to one who cannot find a safe haven even in the classroom."[36]

A child learns to full potential only in an engaging, responsive school environment.

Children learn best in early childhood or school settings in which

developmentally appropriate teaching practices are used. For young children, this means plenty of opportunities to actively explore the environment and to apply and use their skills free from performance criteria. Effective instructional methods such as cooperative learning that engage students of all ages in their own learning are used in too few schools. Schools need to be responsive to individual differences in children and their families and to ensure that instructional methods correspond to the varied ways that children learn.

U.S. schools today serve a very diverse population of children and families. This diversity can add strength and richness to our schools, but it also poses challenges in achieving the goal of learning readiness. Children whose first language is not English, for instance, face an obstacle to learning in school and other mainstream settings; they typically score lower than peers on standardized reading and math tests.[37] The schools must find ways to provide effective instruction to this large and growing segment of the student population.

Getting all parents involved as partners in their children's education is widely acknowledged as key to promoting school success. Yet, many parents are not involved. Again, parents' limited time is an issue, and schools need to be responsive to the schedules of working parents. But a larger barrier is the discomfort that many low-income and limited-English-proficient parents feel in the school setting. Ill at ease and lacking in fluency in the "language of schools," they are unable to ensure that their children's needs are met and may even avoid contacts with the school. Parents also need information about the range of programs available in order to make an informed choice of the early childhood program or school that will be best for their child.

Finally, schools must be part of the larger community to assure that the needs of their students are addressed. The school cannot remove all the obstacles to learning; they must be partners with parents, health and social service providers, business, and community organizations to get their job done.

Overcoming Obstacles to Learning Readiness: Commonalities of Promising Programs

When obstacles to learning readiness are as formidable and deeply intermeshed as those we have described, they call for certain kinds of response. Thus, though the promising programs described in this sourcebook are wonderfully diverse and each has developed its own distinctive flavor and innovative strategies, a number of commonalities may be discerned. All the programs cited clearly are innovative; they are willing to depart from the old ways of doing things and find new strategies for reaching and helping children and families. In addition, most share the following features.

Comprehensiveness, flexibility, and integration of services for children and families

Since the barriers to children's learning readiness and families' well-being may be numerous and interrelated, the most effective programs or service delivery models tend to be those that address multiple problems in an integrated way. Comprehensiveness does not mean one provider doing everything; it means that integrated delivery of a wide array of needed services is somehow achieved. In some cases, program staff provide many core services; in other instances, services are provided by staff of various agencies, often located at a single site to facilitate coordination and accessibility. All cited programs have developed some means of ensuring that a wide range of children's and families' needs are addressed, and many provide case management to ensure integration.

Focus on the whole family and the child as a family member

In the past, interventions with young children offered child development, and perhaps parent education, but little assistance in helping families move out of poverty, stay together, or deal with their other serious problems. Likewise, adult-centered programs providing education and employment services to welfare recipients formerly paid little attention to children's needs and participants' role as parents. It now appears that either of these approaches, by itself, has limited efficacy. Favorable outcomes for children and their families are most likely when programs target *both* family self-sufficiency and the healthy development of children. Good teen parenting programs, for instance, provide prenatal care, parenting education, and quality child care in order to promote the child's development. They also offer support services in order to enhance young mothers' learning readiness, their self-esteem, their sense of being competent parents, and their ability to remain in school. The impact of such two-generational approaches is more than additive; since helping one family member helps all, benefits for children and families are multiplied.

Accessible, client-centered services

In the past those people in greatest need of services frequently have failed to get them because the service delivery system has not made them accessible. The programs described here make strenuous efforts to reach people and to make accessing services as practical and convenient as possible. In addition to facilitating "one-stop shopping" by locating services as a single site, more

programs are taking services into people's homes and communities and, of course, into schools and early childhood programs where the children are. These programs are also taking into consideration the characteristics of staff members that are likely to make them more approachable to the population served by choosing to put in key roles, for instance, individuals from the same neighborhood, primary language, or background as this population.

Environment and strategies conducive to building relationships of trust and respect with children and families

Another theme of client-centered programs is approaching individuals or family members as full partners in the process of making their lives better, not as passive recipients of services. Program staff seek to empower parents and other family members and to support them in setting their own goals and solving their own problems. Children, too, as they get older are expected to take greater responsibility for their own learning and behavior.

Ensuring continuity in the relationship that a child, youth, or adult has with a staff member is important for building mutual trust and understanding. For instance, the same home visitor will always visit a family, or a student will have the same set of teachers or the same advisor or mentor for several years.

Emphasis on prevention rather than remediation

The examination of present obstacles to learning readiness underscores the realization that, whenever possible, prevention should be emphasized over remediation. Prenatal care, for instance, reduces the number of children with long-term physical and mental obstacles to learning readiness. Support to parents before they abuse or neglect children, before the family breaks up, or before they lose their home is far more effective and less costly than dealing with the disastrous aftermath. Likewise, it makes sense to take action to prevent young people from dropping out of school rather than waiting until many of them end up on the welfare rolls or in the criminal justice system. The programs featured in the next section have in common an emphasis on prevention and early intervention in order to address problems *before* they become intractable.

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Many small-scale programs, though they may be sound and innovative, reach relatively few people and expire when their original grant or special funding is over. The programs described here look as though they will have a more lasting impact. Some are working directly to change the way that the major systems serving children and families operate from day to day. Some have become entrenched as part of the state or local delivery system and thus expect to receive ongoing funding. Many are making intensive efforts to expand to other sites. It is hoped that inclusion in this publication will further their impact.

In conclusion, the most striking common feature of these programs is the excitement and commitment of those who work in them. They are up against extremely tough problems every day. But they are convinced that their programs are solidly on the right track – with comprehensive, integrated services; focusing on the family; making services accessible; building relationships of mutual trust and respect; and emphasizing prevention. Built on this common foundation, the programs show great promise of having a long-lasting impact on the lives of children and families and ensuring children's readiness to learn each day in school.

Endnotes

1. National Governors' Association, *Every Child Ready For School* (Washington, DC: National Governors' Association, 1992), pp. 14-15.

2. S. Landesman-Dwyer and I. Emmanuel, "Smoking During Pregnancy," in *In the Beginning: Readings on Infancy* (New York: Columbia University Press, 1982), pp. 37-42.

3. Lucile Newman and Stephen L. Buka, *Every Child a Learner: Reducing Risks of Learning Impairment During Pregnancy and Infancy* (Denver, CO: Education Commission of the States, 1990), p. 1.

4. National Governors' Association, *Every Child Ready for School*, p. 15.

5. National Commission to Prevent Infant Mortality, *Troubling Trends: The Health of America's Next Generation* (Washington, DC: National Commission to Prevent Infant Mortality, 1990).

6. National Commission on Children, *Beyond Rhetoric: A New American Agenda for Children and Families* (Washington, DC: National Commission on Children, 1991), p. 122.

7. Nicholas Zill, *Child Health and School Readiness: Background Paper on a National Education Goal* (Washington, DC: Government Printing Office, 1990), p. 7.

8. Lewin/ICF (unpublished analysis of the Lewin/ICF Health Benefits Simulation Model for the National Commission on Children, Washington, DC, 1990), Table 6.

9. B. Bloom, *Health Insurance and Medical Care: Health of Our Nation's Children, United States, 1988*, Advance Data from Vital and Health Statistics, No. 188 (Hyattsville, MD: U.S. Department of Health and Human Services, National Center for Health Statistics, 1990).

10. S. Okie, "Vaccination Record in U.S. Falls Sharply," *Washington Post*, 24 March 1991, sec. A.

11. L. Markowitz, Centers for Disease Control, Atlanta, GA, personal communication, May 1991.

12. Newman and Buka, *Every Child a Learner*, p. 1.

13. Centers for Disease Control, Atlanta, GA, personal communication, October 1992.

14. Channing L. Bete Co., Inc., *What Everyone Should Know About Lead Poisoning* (South Deerfield, MA: Channing L. Bete Co., Inc., 1987), p. 4.

15. National Commission on Children, *Beyond Rhetoric*, pp. 121-22.

16. U.S. Department of Health and Human Services, National Center for Health Statistics, "Firearm Mortality Among Children, Youth and Young Adults 1-34 Years of Age, Trends and Current Status: United States, 1979-88," *Monthly Vital Statistics Report 39*, no. 11 (supp. 14 March 1991), pp. 1-14.

17. U.S. Congress, House Committee on Agriculture, *Hearings on the Food Stamp Program and the Community Donation Program* (Washington DC: Government Printing Office, 1990).

18. National Commission on Children, *Beyond Rhetoric*, p. 124.

19. M. Kotelchuck et al., "Societal Trends that Affect Nutrition Status and Services for the Maternal and Child Health Populations," in *Background Papers for Call to Action: Better Nutrition for Mothers, Children and Families*, C.S. Sharbaugh, ed. (Washington, DC: National Center for Education in Maternal and Child Health, 1990), pp. 23-39.

20. Ernest L. Boyer, *Ready to Learn: A Mandate For the Nation* (Princeton, NJ: The Carnegie Foundation for the Advancement of Teaching, 1991), p. 18.

21. Boyer, *Ready to Learn*, p. 18.

22. U.S. Department of Health and Human Services, Centers for Disease Control, *1990 Division of STD/HIV Prevention Annual Report* (Atlanta, GA: Centers for Disease Control, 1991), p. 5.

23. Mollie S. Smart and Russel C. Smart, *Infants: Development and Relationships* (New York, NY: The MacMillan Co., 1973).

24. National Commission on Children, *Beyond Rhetoric*, p. 182.

25. U.S. Department of Commerce, Bureau of the Census, "Divorce, Child Custody, and Child Support," *Current Population Reports*, ser. P-23, no. 84, (Washington, DC: Government Printing Office, 1979).

26. J.B. Stedman, L.H. Salganik, and C.A. Celebuski, *Dropping Out: The Educational Vulnerability of At-Risk Youth*, Congressional Research Service Report, no. 88-417 EPW (Washington, DC: U.S. Library of Congress, 1988), p. 6.

27. Vonnie McLoyd and Leon Wilson, "The Strain of Living Poor: Parenting, Social Support and Child Mental Health," *Children in Poverty: Child Development and Public Policy* (New York: Huston Aretha, 1991), pp. 105-35.

28. Newman and Buka, *Every Child a Learner*, p. 1.

29. T. Tatara, *Characteristics of Children in Substitute and Adoptive Care: A Statistical Summary of the VCIS National Child Welfare Database* (Washington, DC: American Public Welfare Association, 1990), p. 74.

30. Boyer, *Ready to Learn*, pp. 284-85.

31. General Accounting Office, *Children and Youths: About 68,000 Homeless and 186,000 in Shared Housing at Any Given Time* (Washington, DC: U.S. General Accounting Office, 1989), p. 1.

32. Sandra Hofferth et al., *National Child Care Survey, 1990* (Washington, DC: Urban Institute Press, 1991), p. 28.

33. Boyer, *Ready to Learn*, p. 36.

34. K.W. Fisher and D. Bullock, "Self-Understanding and Self-Regulation in Middle Childhood," in *Development During Middle Childhood: The Years from Six to Twelve*. W.A. Collins, ed. (Washington, DC: National Academy Press, 1984), pp. 16-19.

35. Boyer, *Ready to Learn*, p. 81.

36. Karl Zinsmeister, "Growing Up Scared," *The Atlantic*, June 1990, p. 49.

37. D. Bradby, *Language Characteristics and Academic Achievement: A Look at Asian and Hispanic Eighth Grades in NELS: 88* (Washington, DC: U.S. Department of Education, National Center for Education Statistics, 1992).

Matrix of Promising Programs

Programs	Location	Target Population	Primary Focus
Preschool Years			
CDI Russellville	State of Arkansas	Low-income children and families	Integrates a wide array of services for at-risk children and families.
Hawaii Early Intervention	State of Hawaii	All children screened	Provides health care to pregnant women and young children; targets families in need of special support services (such as those at risk of child maltreatment).
Washington State Early Childhood Education and Assistance Program	State of Washington	Low-income children and families	Provides comprehensive, family-focused early childhood programs designed to help low-income children succeed in the public schools.
Success by 6	Minneapolis, Minnesota	Low-income children and families	Mobilizes community awareness, resources, and cooperation to promote the healthy development of children, particularly those at risk of early academic failure.
Parents as Teachers	National City, California	Low-income children and families	Provides parenting education through home visits and group meetings.
Family Place	District of Columbia	Low-income children and families	Provides comprehensive social, health, and educational services to pregnant women and families with young children.
Lafayette Courts Family Development Center	Baltimore, Maryland	Low-income children and families	Provides a highly accessible, comprehensive array of services to residents of a public housing development.
Children's Health Program	South Berkshire County, Massachusetts	Rural, low-income children and families	Provides comprehensive health and social services to a rural population of infants and children.
Elementary School Years			
Comer-Zigler	Norfolk, Virginia	Entire school which is primarily low-income children and families	Provides services that support families and involves parents and teachers in developing a plan for changing the school.
Communities in Schools	Houston, Texas	Youth at risk of school failure	Provides comprehensive services in schools to children at risk of dropping out.
The Texas Middle School Network	State of Texas	All middle school students	Provides support in restructuring middle schools to meet the full range of early adolescents' needs.
New Beginnings	San Diego, California	Low-income children and families	Promotes changes within institutions to make services to children and families more comprehensive and coordinated; provides case management and many services at school site.

Matrix of Promising Programs

Programs	Location	Target Population	Primary Focus
Secondary School Years			
Chins Up Youth and Family Services, Inc.	Colorado Springs, Colorado	At-risk youth	Provides a continuum of services for juvenile offenders and youth at risk of out-of-home placement and their families.
Teen Parent Program	Portland, Oregon	Pregnant and parenting teens	Helps pregnant and parenting teens to stay in school and cope with their parenting responsibilities.
New Futures	Savannah, Georgia	Youth at-risk of school failure	Provides services for at-risk, primarily low-income preschool children and adolescents in order to improve their in-school and after-school experiences.
Center for Family Life in Sunset Park	Brooklyn, New York	New immigrant children and families	Provides comprehensive, intensive services to low-income children and families in a community with many recent immigrants.
Family - All Ages			
Oakland Homeless Families Program	Oakland, California	Homeless families	Arranges housing for homeless families; provides case mangement and coordinates support services such as parent education, health care, and job training.
Windham County Family Support Project	Windham County, Vermont	Rural low-income children and families	Provides comprehensive assistance for low-income, at-risk families in a rural area.
Lincoln Intermediate Unit No. 12 Migrant Child Development Program	State of Pennsylvania	Migrant families	Provides and coordinates educational and social services for migrant children and families.
Governor's Cabinet on Children and Families	State of West Virginia	Low-income Children and Families	Gives local communities the authority and resources to develop their own family-focused service delivery system.
Family and Child Education (FACE)	Howes, South Dakota	At-risk Native American children and families	Provides integrated services to meet the literacy, educational, and parenting needs of Native American families.
The Ounce of Prevention Fund	State of Illinois	Low-income children and families	Promotes the well-being of children and adolescents by working with families, communities, and policy makers.
Family Resources and Youth Services Centers	State of Kentucky	Low-income children and families	At centers in or near school sites, provides a wide array of services and resources aimed at overcoming barriers to learning readiness.
Walbridge Caring Communities	St. Louis, Missouri	Low-income children and families	Provides intensive, integrated services for low-income children and families through the elementary school.

Preschool Years

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Child Development, Inc.
Russellville, Arkansas

Primary Focus:

Integrates a wide array of services for at-risk children and families.

Scope:

11 counties in West Central and Southeast Arkansas

Description:

Parents who work the night shift are grateful for the 24-hour child care facility operated by Child Development, Inc. (CDI). It is just one of a wide array of programs and services CDI integrates to meet the diverse needs of children, six weeks to school age, and their families.

For teen parents who need help in order to stay in school or get a GED, convenient child care and other support services are provided.

Operating in 11 counties in Arkansas, CDI provides child care services at 18 centers (funded through Head Start, Department of Human Services Vouchers, JTPA, State Department of Vocational Education, JOBS, and parent fees). CDI is also funded as a family child care demonstration project and operates two Parent-Child Centers. For teen parents who need help in order to stay in school or get a GED, convenient child care and other support services are provided. Carefully planned transitions when children move from one program to another are a major program strength.

Parents get help in promoting children's learning and well-being through CDI's parenting training and family literacy programs. Strong parenting components are the backbone of the Home Instruction Program for Preschool Youngsters (HIPPY), the Teen Parent Program, Head Start's home-based program, and Even Start, all under the CDI umbrella. Family literacy is boosted in Even Start, Head Start, Arkansas Better Chance, and a home-based family literacy program funded by the Arkansas Department of Vocational Education. Few agencies in the country have drawn together as comprehensive an array of programs and services for children and families as CDI has managed to do.

Most of the roughly 1,800 children served by CDI at any point in time are from low-income families, though participating teen mothers are often from families of moderate income and parents of children receiving child care services by vouchers are primarily factory workers. Based on family needs assessments, CDI staff often make referrals for needed services; their goal is not to provide the full range of services themselves but to link families to services in the community.

Funding:

CDI currently has 17 funding sources. The largest is Head Start, which represents nearly half the total budget and provides funds earmarked for staff training, special needs, parent child centers, and family child care, in addition to normal operating funds. Other major funding sources are the USDA food program, Even Start, and the State Department of Education (through Teen Parent and Arkansas Better Chance funding for HIPPY). The annual CDI budget is estimated at $5.5 million.

Evaluation and Future Plans:

The program goes through the usual Head Start reviews to ensure that it meets Performance Standards. The family child care demonstration project will be formally evaluated beginning in 1993.

CDI plans to keep expanding with larger, improved buildings, more infant and toddler care, and more child care for voucher children. The agency also plans to expand family literacy training and family support.

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Hawaii Early Intervention System
State of Hawaii

Primary Focus: Provides health care to pregnant women and young children; targets families in need of special support services (such as those at risk of child maltreatment).

Scope: Statewide

Description:

Hawaii's comprehensive Early Intervention System begins to function months before the child's birth. A statewide network of perinatal health care services includes outreach to enroll unserved pregnant women in prenatal care and provides community-based health education and counseling for pregnant women and mothers of infants.

Healthy Start, another key component of Hawaii's Early Intervention System, was developed in response to an alarming increase in confirmed child abuse and neglect cases from the mid-1970s to the mid-1980s. The program begins by screening families at the time of birth for factors associated with child abuse or neglect, such as poverty, single parent status, substance abuse, inadequate housing, and inability to cope with parenting problems.

Staff work with families to obtain adequate food, clothing and shelter and to teach young parents about infant care and development.

Once a family is identified as needing support, paraprofessional staff may begin visiting regularly in the home. These visits are more frequent and for a longer period than in most other programs. The support includes weekly visits for about a year, then monthly visits, and, finally, four visits a year until the child is five.

Staff work with families to obtain adequate food, clothing and shelter and to teach young parents about infant care and development. Most importantly, the home visitors become friends, advocates and partners with families to improve their lives. Participating in parenting classes and support groups bolsters parents' morale and helps them learn effective parenting skills. Case management services ensure that the multiple needs of each family are met. A major strength of the model is the lack of stigma attached to participating in Healthy Start as part of a larger system of health care services that appeal to most families.

In addition to Healthy Start and the perinatal services program, Hawaii's Early Intervention System includes:

- Baby SAFE (Substance Abuse Free Environment), a demonstration project targeting the problems of substance-using pregnant and post- partum women and their infants;
- Physician Involvement Project, a physician awareness-building and training effort that seeks to ensure every child a medical home that provides continuity of accessible, affordable, and comprehensive primary medical care;
- Lead Poisoning Prevention Program, a new program providing community outreach, screening, and appropriate management for lead poisoned children; and
- Zero to Three, a program that provides for developmental services to children who are at risk environmentally, biologically

or developmentally and uses a tracking system to enhance care coordination.

Funding:

The Early Intervention System is funded through the Hawaii Department of Health, with additional funds from the counties, United Way, and local fund-raising efforts. With an estimated annual budget of $7 million, Healthy Start costs an average of $1,586 per family. From July 1987 through July 1991, 13,000 families were screened by Healthy Start, and 2,200 received intensive services.

Evaluation and Future Plans:

Extensive evaluation efforts and analyses of outcome measures for Healthy Start and other components of the Early Intervention System are in the planning or data-gathering stages. Preliminary data suggest that Healthy Start's approach is preventing child maltreatment among high-risk families and appears to be more successful than less intensive models.

In addition to expanding family screening, especially on the island of Oahu, Healthy Start plans to restructure the program so that staff work with families only until children are three and make sure they are placed in an appropriate preschool program at that time.

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Early Childhood Education and Assistance Program
State of Washington

Primary Focus: Provides comprehensive, family-focused early childhood programs designed to help low-income children succeed in the public schools.

Scope: Statewide in Washington

Description: When designing its early childhood program, Washington demonstrated a sensitivity to its diversity of communities by allowing each site to tailor the State Early Childhood Education and Assistance Program (ECEAP) to the needs of the specific population served. Local control was, in fact, an organizing principle of the Washington Department of Community Development's (DCD) 1985 plan for the first ECEAP sites authorized by the State Legislature. At the same time, since DCD understood that certain interactive components are necessary to succeed in preparing children for kindergarten and elementary school, every ECEAP site, much like the Head Start program that they work in partnership with, has four essential components: education, health, parent involvement, and social services. Among the 36 providers of services across the state are school districts, local governments, nonprofit organizations, child care providers, community colleges, and tribal organizations.

At a minimum, each curriculum is designed to promote intellectual development, language skills, motor skills, social-emotional and self-concept development, and age-appropriate knowledge of health, nutrition, and personal safety.

In the education component, local ECEAP providers are given the latitude to design a curriculum appropriate for their community. At a minimum, each curriculum is designed to promote intellectual development, language skills, motor skills, social-emotional and self-concept development, and age-appropriate knowledge of health, nutrition, and personal safety. Local programs also may include an emphasis on ethnic and cultural diversity, second-language development, or other topics.

For health services, ECEAP children are screened within their first 90 days of enrollment, and their dental, mental health, and nutritional needs are determined. When problems are discovered, the children are referred to an appropriate community agency. Local communities are encouraged to tailor the health component to their particular circumstances; for instance, in areas with unfluoridated drinking water, the local ECEAP sites provide fluoride treatments.

ECEAP recognizes parental involvement as the primary source of educational development for children from birth throughout their school years, so direct involvement of parents is required at all sites. Parents are encouraged to join the program's parent-run policy council to solve local problems. ECEAP's family service staff conducts a needs assessment for each family enrolled in the program. This assessment guides them in referring families to appropriate community social service agencies and in planning parenting education and awareness training.

Local sites wishing to implement the ECEAP model may use either a center-based or a home-based model. The center-based program, used by 75 percent of the local sites, requires an early childhood program that operates at least ten hours a day over at least three days, a minimum of 90 minutes of parent contact time each month, and at least two home visits a year. The home-based program requires weekly 90-minute home visits and weekly peer group experiences for children. ECEAP allows each site to develop its own model designed around community needs. These locally designed models typically draw elements from the two standard models and occasionally originate entirely new practices.

The principle of local control and influence also inspired state administrators to work closely with local contractors in restructuring funding and service delivery to operate on principles of collaboration rather than competition. Instead of competing for state funding and service delivery, local contractors worked together with community agencies to meet a wide range of needs in all communities and eliminate the duplication of services. This organizational structure has filled the gaps in families' service needs and has proven to be cost-effective.

Funding:

The bulk of funding comes from the state general fund; supplemental funds come from the Child Care and Development Block Grant and Title IV-A. The total budget for the 1991-93 biennium is $43.1 million, with a cost per child of $3,440 per year.

Evaluation and Future Plans:

Since 1988, Northwest Regional Educational Laboratory has been conducting a longitudinal comparison of program participants and a control group. According to preliminary results, children's language skills, concept skills, and receptive vocabulary skills were improved dramatically, with the biggest gains by children whose parents actively participated in ECEAP. Children also improved in maturity, motivation, and achievement. In addition, health problems were identified and dealt with effectively, and children's intellectual and physical development was greater than that of the control group.

In 1993, ECEAP will expand from serving 5,800 to serving over 7,000 low-income children and their families. The program is also planning to develop relationships with more local contractors.

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Success by 6
Minneapolis, Minnesota

Primary Focus:

Mobilizes community awareness, resources, and cooperation to promote the healthy development of children, particularly those at risk of early academic failure.

Scope:

Citywide in Minneapolis

Description:

In 1983, the Mayor of Minneapolis and the Superintendent of schools joined forces with business and other community leaders to address the problem of citywide long-term unemployment. Through many months of study and deliberation they concluded that "the root of the problem . . . starts in the early years with inadequate social and intellectual development." Based on this conclusion, the United Way of Minneapolis Area in 1988 created Success by 6, an initiative to develop and coordinate resources for serving children facing obstacles to school success and their families.

Success by 6 does not provide any direct services. Rather, it is an umbrella organization that coordinates the efforts of business, government, labor, education, health, and human service providers to address three objectives. First, it seeks to build community awareness about the needs of young children. Second, Success by 6 acts to improve access to social services for all families with young children. Finally, it works to expand collaboration between the public and private sectors to develop an integrated system of services. During its first two years of operation, the program has conducted a public awareness campaign on the urgent needs of today's children and has successfully lobbied with other organizations for a comprehensive state legislative agenda on children resulting in an increase of over $35 million dollars being spent on children and child care.

Success by 6, an initiative to develop and coordinate resources for serving children facing obstacles to school success and their families.

Success by 6 efforts have also resulted in improved prenatal care, a school for pregnant teens, and a growing public education campaign directed to parents and providers of child care. Other products include ten culturally diverse child development tools for parents with low-reading skills that were developed and distributed to more than 30,000 families by children's service organizations, and the "Readmobile" which brings library materials to family child care homes. Way to Grow, an outreach and services integration model, was developed under the auspices of Success by 6 in order to bring the principles of Success by 6 to individual communities. Jointly operated by Success by 6 and the Minneapolis Youth Coordinating Board, Way to Grow has been replicated in 5 out of 11 geographic communities in Minneapolis.

In addition, the United Way of Minneapolis Area has formed a partnership with the United Way of America to replicate Success by 6 nationwide, offering technical assistance to communities wishing to adopt the Success by 6 concept. Currently, nearly 60 communities, mostly led by United Ways, are developing,

implementing, or exploring early childhood initiatives modelled on Success by 6.

Funding:

Success by 6 receives funding from many sources, each of which contributes to different program components. The United Way of Minneapolis provides the core funding for the project, allocating $450,000 annually. Other groups, including the Honeywell Corporation and numerous community groups, regularly make in-kind contributions to the project by providing services, space and staff time.

Evaluation and Future Plans:

The University of Minnesota is conducting an extensive process evaluation of Success by 6. Preliminary findings indicate that the program has succeeded in raising awareness and increasing volunteerism and community involvement. Because of the involvement with numerous early childhood programs, the evaluators have not been able to isolate the specific effects of the program on participating children. Future plans include expanding the service area into the suburbs of Minneapolis.

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Parents as Teachers
National City, California

Primary Focus: Provides parenting education through home visits and group meetings.

Scope: District-wide in the National School District

Description:

When a school district or community agency adopts the nationally recognized Parents as Teachers (PAT) model — originated in Missouri — it preserves basic PAT principles and methods and, at the same time, adapts the program to meet local needs. In all PAT programs, trained professionals make home visits to parents of young children. The visitors model parenting skills, provide developmental information so that parents can make informed choices, and introduce activities for growing children. Currently there are 538 PAT programs in Missouri and 405 in other states.

In 1987 the National School District (NSD) in National City, California, decided to try PAT out of a conviction that when parents get involved in promoting their children's early development, they stay involved in the children's education. In addition, the NSD was concerned about the declining level of readiness of preschool and kindergarten students entering school for the first time.

... when parents get involved in promoting their children's early development, they stay involved in the children's education.

In the NSD program, parents of infants eight months or younger can enroll in PAT and remain in it until the child is three. All families are eligible, regardless of socioeconomic status, and participation is entirely voluntary. Since 78 percent of families in the NSD program are Hispanic and many speak only Spanish, services and materials are provided in Spanish or English.

Each family receives one home visit a month until the child turns three. During these visits, the visitor gives the parent specific strategies to address individual concerns, such as toilet training, discipline, and appropriate toys, and these concerns are always followed up at the next home visit. In addition, children are periodically screened for vision, hearing, and normal growth and development and referred to health and other services when appropriate.

At PAT parent meetings, held at least three times a month, child care is provided and discussion among parents is encouraged. A special feature of the NSD program is a six-week parenting class offered when children are close to school age for parents who have graduated from PAT in order to help bridge the gap between PAT and school.

PAT is also adapted for teen parents in the NSD program. While teen parents are eligible to receive home visits, family circumstances often do not permit a typical home visit, and teens seem to prefer group meetings. For most teen parents who are in

school, participating in PAT means meeting weekly for two hours in a small group setting. Fathers are welcome too, and all teens receive school credit for attending. During the first hour, each teen is given individualized information relating to her/his child; the second hour is a group lesson on a topic related to the needs of adolescents.

Funding:

From October 1987 to June 1992, parent educators made over 5,200 home visits and presented 150 parent meetings. The cost per PAT family is approximately $765 a year. Stuart Foundation monies constitute about 60 percent of the estimated 1992-93 budget of $139,000; the remainder is mostly from Chapter 2 funds and district in-kind contributions.

Evaluation and Future Plans:

Currently the Stuart and Packard Foundations are sponsoring a comprehensive research study on the National City PAT program. The Stanford Research Institute International has implemented a two-year evaluation plan to compare PAT three-year-olds to a control group. In addition, a program effectiveness study is in progress using screening and parent participation data from the last four years. An end-of-year survey indicated that 100 percent of the parents said they had more confidence in their role as parents as a result of this program. PAT participants also have been found to have positive attitudes towards the public schools.

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The Family Place
Washington, D.C.

Primary Focus:

Provides comprehensive social, health, and educational services to pregnant women and families with young children.

Scope:

Community-wide in the Adams-Morgan and Shaw neighborhoods of Washington, D.C.

Description:

In the culturally diverse Adams-Morgan and Shaw neighborhoods of Washington, D.C., each of two home-like drop-in centers for families, opened in 1981 and 1991, is aptly known as the Family Place. The centers offer a variety of program activities and services, including social services, referrals and follow-up with prenatal and pediatric medical care, parenting guidance sessions, parent support groups, prenatal and parenting education classes, nutritious meals, skill building classes that include family literacy and English as a Second Language, and parent-child recreational activities such as field trips.

Though families receive a host of services from staff, the heart of the Family Place is the support they give to one another. In addition to passing on the word about the Family Place (80 percent of new families are referred by participants), they rent apartments together, take care of each other's children, pass down baby clothes, and are available in times of crisis or loneliness. To foster this network of peer support and help build it into community cohesiveness, the Family Place makes it a point to involve participants actively in the planning, development, implementation, and evaluation of all services and activities. The program serves an average of 200 families a month, most of whom are Hispanic or African-American.

Though families receive a host of services from staff, the heart of the Family Place is the support they give to one another.

The Family Place is one of a number of missions in the ecumenical Church of the Saviour. Collectively devoted to serving the interrelated needs of the inner-city poor, each mission focuses on a particular set of needs. Jubilee Housing, for instance, renovates buildings and rents to low-income families at far below the market rate. It also offers a variety of services for residents that help meet their emergency financial needs, promote resident participation, build community, and provide counseling and support in crises.

Another mission is Columbia Road Health Services, a non-profit medical center available to all neighborhood residents on a sliding-fee scale. Physicians, nurses, social workers, and counselors work with clients, many of whom are displaced as well as poor, having left their homes and families to flee the wars in Central America. Helping them deal with joblessness, homelessness, addictions, hunger, isolation from community, and disruption of family relationships is seen as being as vital as treating their physical illnesses. Coordination among the various mission groups makes it possible to address the entire spectrum of families' needs.

Funding:

National and local foundations provide 50-60 percent of the annual budget of the Family Place; the Kellogg Foundation provides about a quarter of the total through a four-year grant. The remainder of Family Place funding comes from individuals, businesses, and churches. The annual budget for both sites is about $700,000.

Evaluation and Future Plans:

A computer-based tracking system to monitor client demographics, needs, services, and outcomes has yielded encouraging findings, such as a lower rate of low birthweight infants for Family Place families (4%) than for the District of Columbia as a whole (14%) or for Hispanics in D.C. (6-7%). Participant satisfaction, as reflected in referrals and focus groups, is quite high.

While program leaders would like to add several more Family Place sites, they plan to focus on stimulating other communities to begin programs and helping them to do so.

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Lafayette Courts Family Development Center
Baltimore, Maryland

Primary Focus:

Provides a highly accessible, comprehensive array of services to residents of a public housing development.

Scope:

Residents of a public housing unit in Baltimore

Description:

Public housing projects are often bleak reminders of the grip of poverty on families living in America's inner cities. At Lafayette Courts, a 816-unit high-rise development in Baltimore, about 85 percent of the families are on welfare, and almost half of the adults did not complete high school. But Lafayette Courts is not a place of despair and hopelessness; it is the site of an unusual program called the Family Development Center that is bringing families help in changing their own lives.

Among the specialized programs offered through the Center are child care for infants, preschoolers and school-aged children; programs for teenagers who have dropped out of school or are at risk of doing so, as well as those who are doing well in school; employment training for adults ready to enter the labor market and educational remediation for adults who are not ready to enter the labor market; and counseling and support services to help any family member overcome the barriers to self-sufficiency.

Most Center services are located either within the project (in space created from converting several units) or in a school directly across the street.

The Center came about because in 1987 city officials recognized that service networks were poorly coordinated and inaccessible for families living in the housing projects. They decided to try providing on-site services in one project, Lafayette Courts. Most Center services are located either within the project (in space created from converting several units) or in a school directly across the street. Since city agencies outstation staff for most of the programs, the Center can offer a wide array of services on a relatively small budget. The availability of on-site child care has brought into the Center many of the project's single parents, and 90 percent of Lafayette Courts households have only one parent.

Case managers at Lafayette Courts work with families to develop short-term and long-range goals and help connect them with the wide range of available services and resources inside and outside the Family Development Center. Having developed relationships with other agencies through networking, case managers coach clients on what to ask when dealing with a public agency, and they contact agencies to alert them to a client's arrival.

Funding:

The primary funding source is a Community Development Block Grant from the Housing Authority of Baltimore, for which the project reapplies each year. These funds pay for core staff on-site and services such as child care; other staff are paid for by their own agencies. About 750 families are on the Center roster, with about 300 in the active caseload each year. The annual budget is approximately $500,000. The services a single parent head of household typically receives, which may take place over more than

a year's time, are estimated to cost $4,200-5,000, and the annual cost per child (for child care and health services) averages $3,640.

Evaluation and Future Plans:

In an evaluation of Lafayette Courts Family Development Center conducted by staff of the Institute for Policy Studies at Johns Hopkins University, a sample of families living in a similar public housing development served as the control group. At that stage, just two years into the operation of the program, there was little evidence of direct employment and income gains. However, families were found to have made progress toward independence as reflected in greater enrollment in education and employment programs, higher aspirations, increased self-esteem and an enlarged sense of control over their lives. The heavy participation of Lafayette Courts residents further suggested that the Center had been successful in demonstrating to residents that its program could help people improve their lives.

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Children's Health Program
Great Barrington, Massachusetts

Primary Focus:

Provides comprehensive health and social services to a rural population of infants and children.

Scope:

South Berkshire County

Description:

Before the introduction of the Children's Health Program (CHP), South Berkshire County was experiencing the health care problems endemic to many rural communities. Pediatricians were virtually inaccessible; the closest was almost 20 miles away from this community with no public transportation. Country residents were poor and knew little about proper prenatal, infant, and child health care. Children's disabilities often went undiagnosed, and chronic illnesses were often untreated. Some children lived in isolated homes where abuse went undetected and parents had no support in coping with the stresses of child rearing.

Children are given thorough medical exams, and their parents receive comprehensive preventive health education.

In 1975 a few committed health care providers led by a local physician took a modest $8,000 grant from the Commonwealth of Massachusetts' Office for Children to set up a well-child clinic at a local school. Today, that one clinic has grown into an extensive health and social service network reaching all families in the community and providing them first-class service used even by families for whom money is no object.

The successful CHP model has been emulated, through the Harvard University Division of Health Policy, by rural communities from Amarillo, Texas to Winnsboro, South Carolina. The centerpiece of this program is the well-child care started in that first clinic in 1975. Children are given thorough medical exams, and their parents receive comprehensive preventive health education. Most importantly, bonds are created between staff and families that encourage parents to involve their children in the many other program services.

Sick-child care is just a phone call away for South Berkshire families. Nurse-practitioners are on call 24 hours a day, seven days a week, and appointments are made quickly. Also available are the Early Intervention Services for children at risk of developmental delays. Physical therapists, speech therapists, nurses, and development specialists help children with disabilities such as cerebral palsy, stuttering, or dyslexia and their parents. Rounding out CHP's health services is the South Berkshire Women, Infants and Children (WIC) program through which mothers receive food vouchers and nutritional advice to ensure proper prenatal care and child nutrition.

Isolation is a profound obstacle facing rural parents and children. With the population geographically spread out and community structures quite thin, parents are without the guidance and support they need to raise children. CHP provides organized programs that give parents a link to a warm supportive community. The Parent-Child Playgroups bring parents and children together for two hours

each week in a secure setting supervised by a trained teacher. Also available is the Parent-to-Parent program, which pairs young parents with trained volunteers who guide the neophyte mothers through the daily crises and concerns that arise while bringing up young children. In the process, lasting friendships are developed and rural parents feel far less isolated. CHP also works closely with the Massachusetts Department of Social Services, and other service providers to insure comprehensive care for all clients.

Funding:

CHP is funded through a variety of sources including a Massachusetts Department of Public Health (MDPH) Children and Youth grant for primary health care services, two contracts from MDPH for early intervention services, eight of the southern Berkshire County towns, Medicaid reimbursement, the United Way, and local foundations. The annual operating budget is estimated at $454,000.

Evaluation and Future Plans:

Although CHP has no money allocated for evaluations, there have been two independent outside studies done on certain aspects of the program. The Harvard School of Public Health conducted a community child health study that attempted to determine factors such as prevalence of chronic health problems and degree of access to health services. Not all of the results are yet available, but they found that service gaps were generally small due to "the well-functioning Children's Health Program, a model rural health care delivery effort." An additional study was conducted by the Fund for the Improvement of Post Secondary Education (FIPSE) for a book entitled Women's Ways of Knowing. They found that CHP placed unusual confidence in new mothers' abilities to know and to learn, and they developed a rapport based on trust and high self-esteem.

CHP hopes to add a social work component that would provide outreach, assessment of needs, and treatment, to deal with difficult community problems such as alcoholism.

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Elementary School Years

Comer Zigler or COZI Project
Norfolk, Virginia

Primary Focus: Provides services that support families and involves parents and teachers in developing a plan for changing the school.

Scope: One school site in 1992-93 and more later

Description: The COZI Project, launched in September 1992, is being watched with great interest since it forges into a single program two highly regarded models for changing schools to better meet the needs of children and families. The "CO" refers to James Comer's School Development Program, and the "ZI" is Edward Zigler's model for the School of the 21st Century.

Both the Comer and the Zigler programs, independently operating in schools around the country, are grounded in a recognition of the prime importance of families in children's education, and they offer complementary strengths to a combined model. The School of the 21st Century program brings together in a coordinated whole various services that support families — before- and after-school child care, preschool for 3- to 5-year-olds, parent education and outreach services to parents of children 0-3 years of age. And the program places these services within a known, widely utilized and easily accessible institution, the public school.

... programs, independently operating in schools around the country, are grounded in a recognition of the prime importance of families in children's education, and they offer complementary strengths to a combined model.

The heart of SDP, also known as the "Comer Process," is the direct involvement of parents and teachers in making the school a good place for children's learning and development. This simple but powerful principle has transformed many troubled, low-achieving schools into orderly, lively schools where children learn. Like other schools that have used SDP, COZI began by forming a School Improvement Team of 12 to 14 members — teachers, teacher's aides, the principal, and parents — to organize and maintain the school as a setting in which development and learning can take place. Besides being active collaborators in establishing the school's tone, attitudes, and values, parents serve as teacher's aides and take part in a variety of activities to support social and academic programs. By being involved in the school, parents show that they think school is important — and children get the message. Staff development is also a major focus of SDP programs. As Dr. Comer stresses, SDP is not a set of materials or instructional techniques but a process for creating a sense of community and direction for parents, school staff, and students.

Selected as the demonstration site for the combined model, Bowling Park Elementary School in Norfolk, Virginia, already had in place a successful SDP under the leadership of a strong and effective principal. It was renamed the Bowling Park COZI Community School. The program reaches out to parents long before their children get to school in order to develop a firm bond between the parents and the school. Locating the preschool program at the same site where the children will eventually go to school, a feature of Zigler's model incorporated in COZI, seeks to enhance the bonding and get parents involved in the transition to school.

Funding:

The Carnegie Corporation provided the initial grant to explore the merits of such a combined program. In addition, COZI also receives funds from a State of Virginia World Class grant and the school district; the school also receives Chapter 1 funds. The annual operating budget, still in the process of being finalized, is estimated at about $500,000 beyond the usual school district funding. Approximately 950 children are enrolled in grades pre K-5.

Evaluation and Future Plans:

COZI in Norfolk is being documented and evaluated through a joint effort of the Yale Child Study Center and the Yale Bush Center in Child Development and Social Policy, but it is too new to have results yet. The School of the 21st Century model as implemented at other sites has received positive response from parents; in 1992 a three-year evaluation study will be completed. With respect to SDP as implemented in schools around the country, numerous favorable outcomes have been found, including higher attendance and student achievement, more positive teacher ratings of class- room behavior, better self-concept, and more positive student ratings of school and classroom climate.

Future plans at Bowling Park include an adult education program and a school-based health clinic. It is hoped that the combined COZI model will be expanded to other sites.

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Communities in Schools Houston
Houston, Texas

Primary Focus: Provides comprehensive services in schools to children at risk of dropping out.

Scope: 21 schools in the Houston area

Description:

Faced with increases in violent crimes among young people, teen pregnancies, reported child abuse and neglect cases, and communities so dominated by the drug culture that they are very close to being lost from the mainstream, Houston in 1979 started a local affiliate of the nationally recognized Cities in Schools program. The Houston program, Communities in Schools Houston (CISH), now provides support services required to address emotional, physical, and educational needs of inner-city students at risk of dropping out. Services are provided in 21 schools ranging from elementary through high school. During the 13 years that CISH has operated, approximately 90 percent of the students enrolled in the program have completed the school year. By comparison, statewide in Texas, one-third of students entering high school fail to graduate.

The Houston program, Communities in Schools Houston (CISH), now provides support services required to address emotional, physical, and educational needs of inner-city students at risk of dropping out.

The CISH figures are even more impressive considering that they serve the highest risk students in the highest risk areas of the city. CISH works by providing a place within the school where a caring adult may be found at any time during the day and where resources are concentrated to meet individual student needs in a meaningful way. A core team of professionals is placed at the school to deliver counseling, support, and enrichment services directly to students and to secure needed social services through referral to over 100 community organizations. CISH staff often are joined by social service agencies already working in the community. The CISH team works closely with the school principal and staff and with the school district, acting as an umbrella in the school under which all social services are coordinated. Moreover, the anonymity of the larger urban school is reduced since each student has the opportunity to build a relationship with one or more staff members, which has some continuity over time.

Six core services are provided to students and their families: individual and group counseling focused on building self-esteem and life skills and fostering positive peer groups; remedial education by mentors; job readiness training beginning in the elementary grades, with placement for older students; parenting classes and parental involvement activities; crisis intervention; and enrichment activities focusing on after-school activities. Because the communities served by CISH have so few resources for keeping students occupied in healthy after-school activities, CISH often assumes this role. Organized sports and Outward Bound activities help provide CISH students with alternatives to street activities and help counter the effects of the drug culture. At the high school level, students are placed in jobs during the school year and during the summer.

Approximately one-third of the students served receive the full range of core services. The other two-thirds receive services in a less structured way, often coming for assistance in a crisis situation. Crisis intervention occupies a large portion of CISH staff hours. These situations often involve the whole family and require community-wide resources. CISH tries to address both immediate problems and to help students and families make long-term changes.

Realizing that the needs and resources of each community vary, the CISH system is designed to be sensitive to cultural differences and to accommodate operational and philosophical differences between the school districts served. The program also needs to be flexible enough to accommodate the needs of children from elementary through high school.

Funding:

CISH has a diverse funding base of both public and private sources. Private funding from foundations and corporations comprises almost half (46%) of CISH funding. Including in-kind resources from other organizations, the operating budget for FY92/93 is over $5 million. CISH estimates a cost per student of $250 per year. This cost includes counseling and enrichment activities.

Evaluation and Future Plans:

Several different independent evaluations of CISH have been conducted by University of Houston researchers and other groups. The results of the evaluations have been positive with respect to the effectiveness of services. Believing that services provided by the CISH model are needed in every urban school and many suburban schools, CISH plans to expand the program at a rate of three schools a year. Grappling with ways to grow responsibly, CISH is reviewing all options for expansion with special attention to sites where ongoing funding is available.

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The Texas Middle School Network
State of Texas

Primary Focus: Provides support in restructuring middle schools to meet the full range of early adolescents' needs.

Scope: Statewide network in Texas

Description:

In the midst of the dramatic growth and adjustment of early adolescence, young people need personal support from the school, especially in light of the changes in other traditional supports such as family, community, faith institutions. In the Texas Middle School Network, one strategy for providing such support is to ensure that each student spends time regularly with an advisor who knows him or her well and becomes a mentor. To further reduce feelings of anonymity and create a sense of community, schools opt to break the student body into manageable units — around 120-150 students, in most cases — that share a group of four or five teachers through the course of the day. Cooperative learning is used to address young adolescents' needs for social interaction, to encourage them to take responsibility for their own learning, and to promote higher order thinking skills. And a comprehensive Student Assistance Program provides counseling and referrals for students experiencing health, emotional, social and personal problems; some schools have school-based health clinics as well. Services and specifics vary from school to school, but the program goals ensure many common denominators, such as substantive parent involvement, connections with the community, a wide range of student support services, academic teaming, and flexible scheduling.

... the Task Force proposed a network in which Texas Schools would use one another as resources.

These practices and services, which research has proven to be effective in improving student performance, are among those promulgated by the Texas Middle School Network, a system of mentor schools and network schools linked together. The Texas vision for restructuring middle schools was based on the Carnegie Corporation of New York's 1989 publication, *Turning Points*, which presented findings from an intensive study of the status of education of 10- to 15-year-olds and recommendations for making education developmentally appropriate for this age group rather than merely adapted from high school practices. Having received a Carnegie grant to develop policy directions for middle-level education in Texas, an appointed task force produced a policy statement, and the Division of Middle School Education was initiated.

Currently, 37 "mentor schools" and over 500 member schools comprise the network; all middle schools in the state are invited to join free of charge. Mentor schools, selected for their demonstrated ability to implement effective and developmentally appropriate middle-school practices, commit themselves to provide intensive, ongoing professional development for others serving middle-grade students. These schools serve as laboratories and demonstration sites for a comprehensive set of practices designed to make middle schools more effective in meeting the needs of early adolescents.

Funding:

The only funding for the network comes from a Carnegie grant originally made in 1989; when the grant ends, it is hoped that the Texas legislature will provide funding. Legislative proposals have been written for the January 1993 session; the professionals in the field and in the state offices support this initiative. Each mentor school receives $3,500 for staff development purposes. All network schools may take advantage of staff development opportunities offered through the mentor schools as well as attend statewide Middle School Symposiums at no cost. Some of the mentor schools put their money together or pool it with other staff development sources such as districts, Education Service Centers, and professional organizations to conduct conferences with national expert speakers.

Evaluation and Future Plans:

Texas has an extensive database on student demographics and outcomes and is working to complete the data on practices and methods. Database completion is projected for Fall 1994, at which time analysis of outcomes in relation to practices will be undertaken. Positive results on student performance were obtained when a similar middle school program in Maine was evaluated using control schools.

The plan is to expand the network to include all 1,513 middle schools in Texas and to achieve a ratio of one mentor school to every 20 network schools. This expansion will require 76 mentor schools, about double the current number.

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New Beginnings
San Diego, California

Primary Focus:

Promotes changes within institutions to make services to children and families more comprehensive and coordinated; provides case management and many services at school site.

Scope:

Currently a single center, expanding to other sites

Description:

New Beginnings goes beyond the "one-stop shopping" approach — making services available in a single location — to work for systemic change in the institutions that serve children and families, primarily education, social services, and health systems. In order to streamline and coordinate the services that children and families receive, these systems are making changes in their own operating procedures. For example, Department of Social Services (DSS), a major partner in New Beginnings, is working to reorganize case assignments of social services personnel around geographical areas; until recently little attention was given to geography in determining caseloads. Now, based on what has been found effective in serving children and families in the initial New Beginnings site, caseloads will allow the same person or team to work with families and children in the same area and thus to become very familiar with a particular school, community, and group of families.

... caseloads will allow the same person or team to work with families and children in the same area and thus to become very familiar with a particular school, community, and group of families.

A coalition made up of the San Diego Unified School District; San Diego Community College District; the San Diego County Departments of Health, Social Services, and Probation; the City of San Diego; and the San Diego Housing Commission worked for three years to plan New Beginnings. The collaborative has since expanded to include the University of California-San Diego (UCSD) Medical School and Children's Hospital and Health Center. In September 1991 at Hamilton Elementary School in a low-income area of the city, the coalition opened a demonstration center that serves roughly 1,200 children in grades K-5 and their families.

At the center, families receive comprehensive case management from a team of Family Services Advocates, who are repositioned staff from the participating agencies. These advocates provide ongoing counseling and service planning, help family members access services, and make referrals to education, social, and health services. Preventive health and mental health services for children are provided by New Beginnings staff.

Funding:

Each of the participating agencies pays its own staff for the services it provides. The Danforth Foundation, the Pew Charitable Trusts and the Stuart Foundations are funding the center staff and program evaluation, and the Department of Health and Human Services is funding expansion opportunities. The annual operating budget at Hamilton (for salaries only) is $482,000.

Evaluation and Future Plans:

The Far West Laboratory for Educational Research and Development, with funding from the Pew Charitable Trusts, is leading a 3-year multidisciplinary evaluation of New Beginnings, but no outcome data are yet available. Among the data being collected are education measures (e.g., school performance, attendance rates, and participation in special education services), health indicators (e.g., rates of immunization and health examinations), and indicators of family functioning and parental involvement in the schools.

New Beginnings will expand to several schools as determined by the results of feasibility studies being conducted. Certain basic principles will be followed at all sites, e.g., advocacy and service planning as a core part of staff roles, but each site will evolve its own structure as a function of existing needs and patterns of service delivery. Steps are being taken to integrate California's Healthy Start program, which is based on the New Beginnings model.

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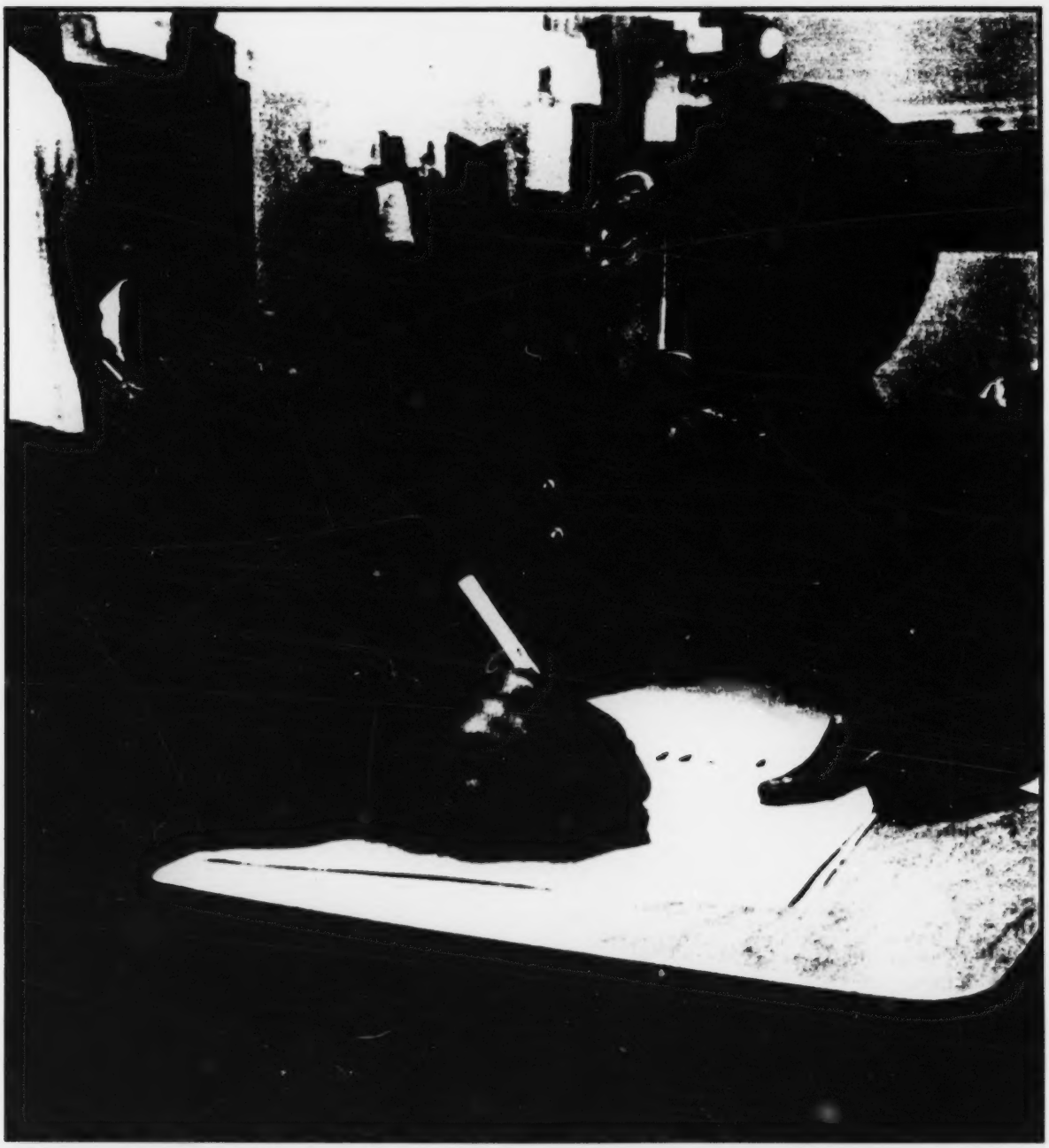
Secondary School Years



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Chins Up Youth and Family Services, Inc.
Colorado Springs, Colorado

Primary Focus:

Provides a continuum of services for juvenile offenders and youth at risk of out-of-home placement and their families.

Scope:

Pikes Peak Region

Description:

Being shifted from one foster home to another, running away from an abusive home and ending up on the streets, spending time in jail or a hard-core detention center — these experiences reduce the chances of positive change in young people's lives. Concerned community members in Colorado Springs, including individuals associated with the juvenile justice system, wanted to create viable alternatives. Through their efforts came the Chins Up Youth and Family Services, begun in 1974 with a single eight-bed home.

... offers a continuum of services for youth and families.

Today, Chins Up ("Chins" is the acronym for Children in Need of Services) offers a continuum of services for youth and families. When abuse or neglect has occurred, the family is usually under severe stress and receives intensive "family preservation" services from a specialist who works with them 15-20 hours a week for four weeks to try to keep the family together. Other Chins Up services include an expanded 37-bed residential unit, therapeutic foster care, and a state-certified special education program. For youth in the overcrowded state-operated detention center, Chins Up provides case management and, when appropriate, recommends a placement option in which the young person is not locked up. By reducing placement of youth in environments that make matters worse and by combatting the root causes of juvenile crimes and parental abuse and neglect, Chins Up removes obstacles to the learning readiness of youth who often are given up for lost.

Most of the mountain, rural and urban youth served by Chins Up are from low-income homes; child abuse cases come from all income levels. The residential program, demographically typical of all the service programs, serves children 10 to 18 (averaging 14.5); about two-thirds are Caucasian, the rest mostly Latino or African-American. In a year Chins Up serves about 375 youth in the residential program and 35 in foster care, as well as 90 families in family therapy and 70 in family preservation. About 1,400 youth a year receive case management and appropriate services during the 30-60 day period before adjudication.

Funding:

Roughly 90 percent of the funding comes from the state and county. Some USDA support is received through the breakfast and lunch program; United Way and fundraising efforts supply less than three percent of the total budget. Chins Up annual budget is about $1.7 million. The state-established rates for each of the services give an idea of their relative cost: $950/child/month in

foster care; $1,861/child/month in the residential program; $3,200/family receiving family preservation services; $3,800/child for 9.5 months in special education; $163/child for detention services.

Evaluation and Future Plans:

Specific outcome measures are used to assess the effectiveness of the different services. The indicator of success for family therapy is whether the child is still living at home (or with a relative or the like) and either attending school full-time or part-time along with part-time work. By this criterion, family therapy had a 76 percent success rate. The success rate of family preservation services, as measured by the children remaining at home with the family after termination of services and going to school, was 90 percent.

Among the program's future plans are adding a year-round alternative education program for 7-9th graders who are at risk of dropping out of the regular school system.

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Teen Parent Program – A Two-Generational Program

Portland, Oregon

Primary Focus:

Helps pregnant and parenting teens to stay in school and cope with their parenting responsibilities.

Scope:

Citywide in Portland

Description:

In Portland, as in most cities today, many pregnant and parenting teens drop out of school, diminishing their prospects of future self-sufficiency. And many of these young people are ill prepared to be parents themselves. The twofold mission of the Teen Parent Program is, first, to enable teens to stay in or return to school and get their diploma or GED, and, second, to help them develop parenting and other important life skills.

Program services include on-site and off-site child care, transportation, career and vocational assessments, and cooperative work experience.

The district formerly offered services only at one site until 1986 when the Teen Parent Program began. Now, in addition to that original site, there are 10 other educational program sites available to pregnant or parenting students. Program services include on-site and off-site child care, transportation, career and vocational assessments, and cooperative work experience. In 1991-92 a total of 785 teens were enrolled in the Teen Parent Program.

In a summer program jointly sponsored by the schools and the Private Industry Council (PIC), students attend classes in the morning and work at a job site in the afternoon. Besides the academic curriculum, students participate in parenting skills classes, support groups, and gang intervention activities. For instance, students in recent years have created award-winning videos emphasizing parenting responsibilities and giving strong messages against becoming a teen parent or getting involved with gangs. Community involvement in the program is strong, and family members serve as part of each teen's support team.

Another component within the Teen Parent Program targets teen mothers wishing to return to school as a result of the Family Support Act mandate. A "school liaison" provides front-end counseling and educational and vocational assessment services to help orient and reintegrate the young woman into an appropriate school placement, and a case manager works with her to address housing, child care or other service needs that may impact her participation in school.

Funding:

Most of the program's funding comes from the school district and county general funds. Additional child care funds are from the Child Care and Development Block Grant, JOBS, and Head Start; the Oregon Department of Education provided money for the new child care center. Jobs Corps helps fund the Partners in Vocational Opportunity Training (PIVOT) program that operates at one non-school site, as well as Manpower Demonstration Research Corporation's "New Chance" demonstration site (a comprehensive model including job training, life skills, parenting education,

health services, case management, and transition to work). Private foundations contribute to the program, and the PIC co-sponsors the summer programs. The program has an estimated annual budget of $1.9 million.

Evaluation and Future Plans:

A formal evaluation of the program has not been done in three years. Data are not yet available from Manpower Demonstration Research Corporation's controlled study of PIVOT, which targets older teens returning to school to complete their education, acquire job training, and find employment. Of the 22 completers of PIVOT in 1991-92, 52 percent have become employed (with an average wage of $7.25/hour), and an additional 18 percent are either attending college or pursuing additional training. The district graduated 146 pregnant or parenting students in the 1992-92 school year.

The program continues to need additional alternative school sites as they allow students to enter for credit throughout the school year. Portland Public Schools will continue to work closely with the JOBS program in Multnomah County to demonstrate the transition of graduates to employment and/or post high school education or training programs.

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New Futures
Savannah, Georgia

Primary Focus:

Provides services for at-risk, primarily low-income preschool children and adolescents in order to improve their in-school and after-school experiences.

Scope:

Citywide in Savannah

Description:

In 1988 Savannah's leaders were becoming increasingly concerned about juvenile crime, school dropouts, teen pregnancy, and drug abuse. Taking a look at the current services available to children and youth in the community, they found them too limited and fragmented to make a real difference in helping children succeed – a familiar story in cities around the country. The Annie E. Casey Foundation, under its New Futures initiative, encouraged Savannah and four other cities to form local collaboratives to find more coherent and relevant ways for existing programs to better serve children and families. To support these efforts, Casey committed substantial funds over a five-year period to be matched dollar-for-dollar by each city.

...goals of improving students' academic level, increasing school attendance and graduation rates, increasing youth employment after high school, and reducing adolescent pregnancy and parenthood

To meet the New Futures goals of improving students' academic level, increasing school attendance and graduation rates, increasing youth employment after high school, and reducing adolescent pregnancy and parenthood, Savannah has developed several strategies. All students at four middle schools are screened, and those identified as being at high risk receive intensive services by multidisciplinary "Stay Teams." The team develops an individualized service plan for each identified student, and a case manager helps in obtaining needed services, which may include on-site health services, community-based mental health services, special tutoring and classes, and social and recreational activities. New Futures also has a Teenage Parenting Program in which pregnant teens may leave their home schools and attend an alternative school for up to a year after delivery, with child care provided on-site.

Since students behind in grade level have a markedly higher dropout rate, New Futures makes strenuous efforts to help students catch up while in middle school. In the Comprehensive Competencies Program, the grade level for each middle school student is diagnosed by computer, and everyone who is behind by at least two grades receives a tailor-made program designed to address individual learning needs and bring them up to grade level. The goal is for the student eventually to take the Test of Adult Basic Education (TABE) for the higher grade level (e.g., 9th grade test at the end of 7th grade), pass and be promoted to that grade. For students promoted to high school, a Transition Resource Teacher at the school provides support and a link between home, school, and community agencies providing needed services.

Savannah's New Futures program has expanded its initial focus on teens and preteens to include at-risk preschool children as well. Preschool children are served at three Montessori sites in the schools and six "readiness" sites in local churches. In the readiness program, which aims to improve four-year-olds' kindergarten readiness, the staff at each site includes a teacher, a paraprofessional, and a family advocate to help families access needed services.

Funding:

The five-year grant from the Annie E. Casey Foundation is matched by local contributors including the City of Savannah, Chatham County, United Way, and the school system. Annual cost for all programs is about $2.2 million; $619,000 goes to the early childhood component and the remaining $1.6 million to the adolescent programs.

Evaluation and Future Plans:

Evaluations of New Futures are conducted yearly, and results are used in shaping the program. Low attendance and high suspension rates have proven very tough problems, and little if any program impact has been found in these areas. One impressive result has been the accelerated promotions: about 350 middle school students each year have passed the TABE and been promoted more than one grade; once promoted, these students have been passing core subjects and showing satisfactory attendance and good behavior. Future program plans call for continuing to move from remediation to a preventive focus at all levels of school.

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Center for Family Life in Sunset Park
Brooklyn, New York

Primary Focus:

Provides comprehensive, intensive services to low-income children and families in a community with many recent immigrants.

Scope:

Community-wide (in the Sunset Park area of Brooklyn)

Description:

Since 1978 when the Center for Family Life in Sunset Park began, waves of immigrants have moved into the Sunset Park area of Brooklyn from Puerto Rico, the Dominican Republic, Mexico, El Salvador, Ecuador, other Central and South American countries, China, Vietnam, Cambodia, and the Middle East. The families typically face cultural, economic, and language barriers that prevent them from accessing the services they need so that their children can succeed in school. And in such a diverse neighborhood, people badly need a sense of community that bridges their differences. In Sunset Park the nucleus of this sense of community is the Center for Family Life — highly visible to all community residents and open to the participation of any family with at least one child under 18.

The program's centerpiece is intensive family counseling, conducted either in the center or the home at individual, family and group levels, which provides a nurturing, supportive atmosphere for people who are otherwise disconnected from the community. Family counselors are trained social workers who help clients with personal problems or conflicts and provide specific assistance to improve life situations or stressful conditions. Counseling is augmented by a number of other family supports such as a program for parents of infants and toddlers and a foster grandparent program that models parenting skills.

These centers are not merely holding tanks until the parents get off work; rather, they extend the school day by providing a variety of enriching activities such as music, drama, and art.

After-school centers at two Sunset Park elementary schools and one junior high are open three hours a day, five days a week, and become full-time day camps during the summer months. These centers are not merely holding tanks until the parents get off work; rather, they extend the school day by providing a variety of enriching activities such as music, drama, and art. At 6:00 pm the after-school program becomes a teen evening center, open until 11:00 pm, which offers tutoring and peer discussion groups in addition to all the services of the after-school center.

Many other services are provided at the main Family Center and the nearby storefront center. A high priority is job placement, both for adults and for youth in the summer. The storefront center provides all the emergency services offered, such as crisis intervention, food, clothing, and shelter. The Family Center, in association with family counseling, provides parent workshops to foster community relationships and parenting training. Any services not provided by the Family Center at any of its sites are obtained through networking with the Human Services Cabinet of Sunset Park. Social workers make referrals to other services in the community such as the medical center and health clinics, an

adolescent drug counseling center, school guidance counselors, a senior citizens' center, the income maintenance center, and Head Start. The Family Center's networking, also extending to the police, churches, and elected officials, displays the strong commitment to families in a community context. By strengthening the community through better coordination and communication, the Center strengthens families, and by strengthening the family through improved services it makes the community a better place for children to grow up.

Funding:

The New York City Child Welfare Administration finances the family counseling program; the Department of Employment funds employment programs; and the Department of Youth Services pays for the school-based and summer programs. All of these services receive supplemental funds from private foundations, including the Foundation for Child Development, the Morgan Guaranty Trust Company Foundation, the Robin Hood Foundation and the Aaron Diamond Foundation. The storefront center is funded entirely by the private foundations.

Evaluation and Future Plans:

Such a broad, community-wide intervention is especially difficult to evaluate; however, a recent report by the Surdna Foundation and the Foundation for Child Development indicates that the Center is well respected and supported in the community and has played a pivotal role in increasing the social cohesion of Sunset Park. As funds become available, the Sunset Park program will expand the school-based child care component to meet the growing needs of the community.

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Families/All Ages

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Oakland Homeless Families Program
Oakland, California

Primary Focus:

Arranges housing for homeless families; provides case management and coordinates support services such as parent education, health care, and job training.

Scope:

Citywide in Oakland, California

Description:

Most homeless families need more than just housing, especially when they are experiencing multiple problems such as substance abuse and mental or physical disabilities. Without support services and assistance in getting control over their lives, the families are likely to return to the streets. Yet, providing services to those who still lack permanent housing has been found ineffective in maintaining changes in lifestyles and behaviors. A strategy that has proven effective in the Oakland Homeless Families Program (OHFP) is linking permanent housing with support services. OHFP is one of nine pilot projects initiated by the Robert Wood Johnson Foundation and HUD in 1990.

...OHFP provides a stable housing arrangement coupled with supportive services and case management to take stock of their situation and make future plans.

While homeless families usually are able only to scramble from one shelter to another, OHFP provides a stable housing arrangement coupled with supportive services and case management to take stock of their situation and make future plans. With the availability of Section 8 Certificates to guarantee payment of rent, OHFP has successfully recruited landlords receptive to renting to homeless families, many of whom have difficulty communicating or filling out rental applications and may have a poor credit rating or none at all. The OHFP Housing Coordinator (an employee of the local housing authority) assists families in the housing search and is available for tenant/landlord dispute mediation, move-in assistance referral, advocacy and general housing assistance.

OHFP has developed a collaborative network with public and private agencies providing services needed by homeless families. Key to OHFP success is the consistent, long-term relationship that develops as case managers work with family members in setting realistic goals and helping them access services needed to achieve these goals.

At the outset of the program, before families were placed in stable housing, a homeless family's needs were addressed through multiservice centers providing a broad range of support services including substance abuse recovery, adult education, health care (primary, prenatal, and pediatric), employment training, child care, and transportation. With the transition to stable housing in distinct geographical clusters throughout Oakland, the method of providing support services has shifted toward the new communities in which the families are living. Through a combination of a mobile specialist team, neighborhood services development, and the newly funded Healthy Start family life resource centers, support services will be provided closer to the families' newly established homes.

Funding:

Over half of the annual budget is provided by the Robert Wood Johnson Foundation and a quarter by the Better Homes Foundation. Supplemental Assistance to Facilities that Assist the Homeless (SAFAH) grants, which are discretionary grants from HUD, have also funded the project for three years. In addition, the RWJ Foundation and the local housing authority provide OHFP with 180 Section 8 Certificates, each worth about $8,000 per year over five years. The program has an annual budget of about $274,000, and estimates an average cost per family of $1,500. The average cost does not include the Section 8 certificates.

As the program enters its third year, funding has been reduced and efforts are being made to access revenues to help sustain the project, such as MediCal, California's Medicaid program.

Evaluation and Future Plans:

An independent evaluation is being conducted both to help run the program better and to form a national database on all nine sites in the Robert Wood Johnson-HUD initiative. Preliminary results indicate that fewer than eight percent of the families have dropped out of housing. Future plans include the expansion of case management for families exiting transitional housing and clustering services in the neighborhood where families choose to live.

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Windham County Family Support Project
Brattleboro, Vermont

Primary Focus:

Provides comprehensive assistance for low-income, at-risk families in a rural area.

Scope:

Countywide in Windham County, Vermont

Description:

Access to services is a real issue in rural Vermont where the population is quite dispersed, and many people are some distance from services. The long, severe winter makes access even more difficult. Since people have difficulty getting to services, WCFSP takes many critical services to people in their homes. The project also makes referrals and offers group activities – another strategy for reducing the isolation many families experience. This mode of service delivery has made it possible to serve families who do not have transportation, who live far from services, or who may be unaware that the services exist.

... WCFSP uses the strategy of taking many critical services to people in their homes.

Building relationships and forming collaborations are key to WCFSP's success. The relationship between the home visitor and the family is built through weekly home visits in which the visitor may focus on child development activities, early education services, parenting education, preventive health care, nutrition, safety, housing, or income support. The home visitor also makes referrals to many community agencies for needed services, since WCFSP has tried not to duplicate services that are already in the community. The home visitors also frequently join forces with a local agency. For instance, the health educator and a health department representative may team up to visit a home, work with a parent support group, or plan a workshop for parents. Likewise, the social worker is in constant communication with the community action agency, the welfare department, and child protective services. Employment specialists work with employers, the Chamber of Commerce, and the Department of Employment and Training, emphasizing education in order to do more than merely get people into low-skill, low-paying jobs.

Beyond helping to draw together community resources, WCFSP has created a few programs on its own to fill gaps in the community. Though the project contracts for most of its child care services, it helped to establish a care program specifically for infants and toddlers of teen parents who want to complete high school. Located at a high school, the program gives teen parents access to quality, affordable child care, as well as parenting classes. To encourage the participation of fathers in parenting responsibilities, the coordinator of the men's program builds a relationship with young fathers through activities such as canoeing and then works with them on issues such as employment. Finally, child development and parenting education in the home are services provided only by WCFSP.

Funding:

WCFSP receives from the Federal Comprehensive Child Development Program (CCDP) about $800,000, which is 62 percent

of the annual budget for the project as a whole. Since WCFSP falls under the umbrella organization of Early Education Services (EES), it receives some funding from EES sources, which are primarily state and federal. The Town of Brattleboro has also contributed funds to EES, demonstrating to other funders the strength of local commitment to the program. Annual cost per family is difficult to determine, as the 60 CCDP families may participate in other EES programs besides WCFSP.

Evaluation and Future Plans:

The CCDP evaluation procedure currently has three components: an impact/outcome evaluation, an extensive process evaluation, and an ethnographic study. Preliminary data will soon be available and will be used to refine program implementation.

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Governor's Cabinet on Children and Families
State of West Virginia

Primary Focus:

Gives local communities the authority and resources to develop their own family-focused service delivery system.

Scope:

30 of West Virginia's 55 counties

Description:

In August 1990, the state of West Virginia put together a sweeping education reform package that created the Governor's Cabinet on Children and Families. This radical new service delivery model removes some of the most intransigent bureaucratic roadblocks to increasing system efficiency and cost-effectiveness. With a lean, flexible organization the West Virginia Cabinet moved from a categorical, fragmented system to a system that responds collaboratively across agencies and clearly shifts the locus and authority for service delivery from the state to regions and localities. Under the Governor's Cabinet on Children and Families, the system has begun to focus on the family as the unit of intervention and to provide consistent support for families in order to prevent problems or resolve them as early as possible before damage is irreversible. Finally, this system assures accountability through evaluations based on system goals and family outcomes.

... the system has begun to focus on the family as the unit of intervention and to provide consistent support for families in order to prevent problems or resolve them as early as possible before damage is irreversible.

The new system is remarkably simple in structure. Local representatives from a community (consisting of of at least one full county) meet with the staff of the West Virginia Cabinet to present a service delivery plan that reflects the needs of the community. If the plan meets program prescriptions, that is, the community involves providers from the fields of health, human services and education, agrees to a single governance entity, and represents the service priorities listed above, then the Cabinet will waive state rules and regulations and transfer the appropriate state funds in order to give the community complete control over the newly created family resource network. The only state role after that point is to provide technical assistance and evaluations.

There is no service delivery blueprint for communities to follow. Each community, as long as it meets minimum requirements, may provide the services that are needed in the specific area. For instance, one extremely rural county has devoted substantial resources to developing a pre-natal home visitor program. Another community has concentrated on adult literacy and school transportation. A third is building a comprehensive health clinic, the only health clinic in the county, inside a new middle-high school. To assist local communities, the cabinet staff provides training programs as well as technical assistance in early childhood education, program finance, and other relevant fields, but the local community has complete financial and technical authority over the program's operations.

Funding:

Five of the communities who have started family resource networks were given grants or seed money to get their programs started. All 30 programs receive training and technical assistance, as well as

evaluation; occasionally a local program receives supplemental funds from a private organization such as the United Way. Since the Cabinet began operations in August, 1990, appropriations have totaled $1.9 million.

Evaluation and Future Plans:

The Cabinet will evaluate each individual community program. No results are yet available from any of these evaluations. Results of a large-scale study of the status of children and families in West Virginia conducted by Price-Waterhouse will be used to shape priorities for the Cabinet programs. Eventually, the Cabinet intends to establish community programs across all counties in the state.

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Family and Child Education — Takini School
Howes, South Dakota

Primary Focus:

Provides integrated services to meet the literacy, educational, and parenting needs of Native American families.

Scope:

Cheyenne River Sioux Reservation

Description:

Through the Family and Child Education (FACE) program, Native American families at the Cheyenne River Reservation have participated, since 1990, in parent-child programs that both build on the strength of proven national models (e.g., Missouri's Parents as Teachers, Kentucky's Parent and Child [PACE] model as adapted by the National Center for Family Literacy, and High Scope) and reflect the cultural traditions and values of the Sioux tribe. FACE, a federal program with 11 sites around the U.S., is comprised of four components: early childhood education, parenting skills, parent and child interactive time (PACTime), and adult education. Designed for families with children from birth to five years of age, the program is designed to address the America 2000 educational goals and Indian America 2000 educational goals in the areas of school readiness; high school completion; student achievement and citizenship; adult literacy and lifelong learning; safe, disciplined, and drug-free schools; and tribal government, language, and culture.

... comprised of four components: early childhood education, parenting skills, parent and child interactive time (PACTime), and adult education.

The program offers services in two settings — the home and the center. The home-based program serves children from birth to three years of age and their parents through home visits, which provide child development information and the opportunity to practice parenting skills, and through monthly meetings in which families share successes and common concerns. Adult education opportunities are also made available to parents served in the home-based setting.

The center-based setting serves children 3 to 5 years of age and their parents at a school site. Parents and their children come in together on the school bus and have breakfast in the cafeteria, after which parents and children separate to attend their respective classes. The adults work on such issues as child development, life skills, skills development (such as writing or math), GED preparation, study skills, and building self-esteem. An assessment of each adult's needs enables every participant to focus on his or her individual needs. Before PACTime, which occurs mid-day, the adults each design an activity to share with their child, such as reading a book or playing with toys, to practice their parenting skills. After lunch, the adults return to their classroom and continue to work towards their goals until the last half hour of class, which is reserved for reflecting on what happened during the day. For example, parents may discuss something they observed with their children during PACTime. While parents are occupied with their classes, children are in an active, developmental learning environment that is based on the High/Scope curriculum. An additional benefit of this approach is acquainting parents with the school and reducing their discomfort in the school setting.

Key to the success of the Takini school is close coordination among all involved with the program. Teachers and assistants work to coordinate the various program aspects, for example, ensuring that a parenting topic covered in the adult class is followed up with opportunity to practice related parenting skills during PACTime. Coordination with the school's principal is also critical since FACE uses school facilities and affects the entire school. This coordination takes a great deal of work but has proven extremely beneficial to the program.

Funding:

The FACE program is federally funded through the Bureau of Indian Affairs. The Takini School receives about $260,000 each year.

Evaluation and Future Plans:

A process evaluation is being conducted by an outside evaluator, who looks at such things as student and parent enrollment, the education of parents when they come into the program, program implementation, service delivery, and integration with other services. Results are not yet available for the 1991-92 school year. Since FACE criteria are set nationally, the Takini School has no plans to change the program in any major way; it does hope to expand to serve more children and families.

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The Ounce of Prevention Fund
State of Illinois

Primary Focus: Promotes the well-being of children and adolescents by working with families, communities, and policy makers.

Scope: Statewide (29 community agencies around the state)

Description:

From the old saying, "An ounce of prevention is worth a pound of cure," comes both the name and the philosophy of the Ounce of Prevention Fund (the Ounce), a highly effective public-private partnership formed in Illinois in 1982. The Ounce establishes and funds prevention and early intervention programs in Illinois community organizations, including schools, social service agencies and churches. The four major program areas providing children, teens, and families with opportunities for good health, education and employment include Parents Too Soon, part of the Illinois initiative on reducing the risk of teenage pregnancy; Head Start, focusing on early childhood education and school readiness; Toward Teen Health, bringing comprehensive health care services to teenagers in Chicago secondary schools; and the Center for Successful Child Development, a comprehensive early childhood development and family support program for residents of Chicago's Robert Taylor Homes housing development.

Primary prevention programs promote life skills, staying in school, avoiding risk behaviors, and planning for the future.

Parents Too Soon (PTS) served approximately 3,000 teen parents in 36 communities in 1991. Programs for pregnant and parenting teenagers provide home visits to new parents, health education, peer support groups, and assistance in finding child care so that parenting teens can finish school or receive job training; these programs focus on adolescents and pre-adolescents considered at risk for pregnancy, but not yet pregnant or parenting. Primary prevention programs promote life skills, staying in school, avoiding risk behaviors, and planning for the future. The Ounce also sponsors a Head Start program expanding upon the federally mandated model to provide quality preschool education and parent involvement in early learning. The Ounce has been able to expand some sites to full-day "wrap-around" programming for children whose parents work or receive school or job training full time. A new family learning program is also being pilot tested at two Ounce Head Start centers.

Toward Teen Health is a primary prevention program for 5-8th graders in seven Chicago elementary schools and three high school-based adolescent health centers. The high school health centers provide comprehensive health care and education to students in the host high school whose parents have given permission for them to receive services. The Center for Successful Child Development (CSCD), otherwise known as the Beethoven Project, provides a wide range of health, child care, and family support services to young mothers and their children in the Robert Taylor Homes development. Beginning with prenatal care, CSCD focuses on the critical social, emotional, physical, and cognitive development

during the first years of a child's life. The Wells Initiative, also run by the Ounce, is a comprehensive community revitalization project on Chicago's South Side.

In addition to funding service programs, the Ounce conducts research studies on prevention and early intervention issues and evaluation studies of ongoing programs. Results are used to refine existing programs, design and implement innovative program strategies, and advocate for public polices responsive to the needs of children and families. Advocating for public policies that enhance the healthy development of children and their families and providing technical assistance to community agencies are key Ounce functions.

Funding:

The Ounce of Prevention Fund is a public-private partnership established in 1982. The Ounce receives both state and federal program funds and enhances program funding with private contributions from individuals, corporations, and foundations. The operating budget for Fiscal Year 1991 was $11.8 million.

Evaluation and Future Plans:

As part of its mandate the Ounce of Prevention Fund conducts evaluations of its programs. The Ounce is currently conducting a retrospective analysis of the Center for Successful Development to assess the gains of mothers and children who have been in the program for one to four years. For the Parents Too Soon programs, the participant tracking system shows gains for participants during the program year. A series of outcome fact sheets produced in 1992 demonstrated the cost-effectiveness of the PTS pregnant and parenting programs; a larger evaluation of the PTS programs is planned after a pilot study is completed in 1992. According to a recent evaluation of the Ounce family literacy program, participation increases the amount of time parents spend reading to their children.

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Family Resources and Youth Services Centers
State of Kentucky

Primary Focus:

At centers in or near school sites, provides a wide array of services and resources aimed at overcoming barriers to learning readiness.

Scope:

Statewide (presently at 222 centers across the state)

Description:

Recognizing that school reform accomplishes nothing if circumstances prevent students from being ready to learn, Kentucky put in place a comprehensive, statewide strategy to help children and families confront problems in their lives. Through Family Resource Centers and Youth Services Centers in or near schools across the state, children and families get needed services or referrals. Just as important, they get active support, both at the centers and in their own homes. "In the past, when someone came into the home from the school, it was usually the truant officer or a principal, and there was usually trouble," said Charles Terrett, chairman of Kentucky's Interagency Task Force on Family Resource and Youth Services Centers. "Now we can go into the homes with help, and families are changing their whole view of the schools."

The first step of service delivery is to identify and coordinate existing resources and then to link families with the services they need. When service gaps are known, the centers work to fill them.

Integrated services centers for children and families are being discussed around the nation. But Kentucky is the first to implement them statewide and first to define family support as a core program for children's success, in the landmark 1990 Kentucky Reform Act (KERA). The 222 centers operating in 1992-93 represent 414 of Kentucky's schools with over 191,000 students. More centers will be added until they serve all the schools that have at least 20 percent of the students eligible to receive free school meals.

Although each community is encouraged to develop its own local goals and to work with existing local resources, certain components must be included at all centers. Family resource centers, which are linked to elementary schools, must provide assistance with full-time child care for 2- and 3-year-olds and after-school child care for children 4-12; health and education services for new and expectant parents; education to enhance parenting skills (through home visits, classes and other vehicles); support and training for child care providers; and health services or referral.

Youth services centers, located in or near middle schools and high schools, must provide either services or referral for health and social services; employment counseling, youth training and placement; summer and part-time job development for youth; substance abuse services; and family crisis and mental health counseling. Combined Family Resource and Youth Services centers operate at some sites.

The first step of service delivery is to identify and coordinate existing resources and then to link families with the services they need. When service gaps are known, the centers work to fill them. There is an overall prevention focus with the obvious need for intervention efforts as well.

Funding:

The Interagency Task Force awards to sites grants ranging from $10,000 to $90,000, with an average of $71,500 per grant. With the 89 new centers for the 1992-93 school year, state funding for the centers totals just over $15.5 million. Because of the enormous range in the services accessed through the centers by a given child or family, it is not useful to state an estimated average cost.

Evaluation and Future Plans:

With funds from the Annie E. Casey Foundation, the Family Resource and Youth Services Centers are initiating an evaluation process designed to meet outcome indicators for school-based performance standards and to identify successful program approaches.

The plan is to open more Family Resources and Youth Services Centers each year and to serve 100 percent of eligible schools by 1995.

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Walbridge Caring Communities
St. Louis, Missouri

Primary Focus:

Provides intensive, integrated services for low-income children and families through the elementary school.

Scope:

Schoolwide, with extensive community participation

Description:

"It takes a village to raise a child." This philosophy has come to life in a high-risk, urban neighborhood in North St. Louis where four state agencies, the St. Louis Public School System, including the entire staff of the Walbridge Elementary and Community School, the business community, the St. Louis-based Danforth Foundation, and the community as a whole are involved in the Walbridge Caring Communities Program (WCCP). The program is a public-private partnership seeking to ensure that all children succeed in school, remain out of the juvenile justice system, and remain safely in their homes rather than needing out-of-home placement.

The program is a public-private partnership seeking to ensure that all children succeed in school, remain out of the juvenile justice system, and remain safely in their homes rather than needing out-of-home placement.

WCCP was originated when the Danforth Foundation, together with the State Directors of Health, Elementary and Secondary Education, Social Services, and Mental Health, resolved to develop an integrated program to address the weaknesses of the existing fragmented service delivery system. It was decided to develop both an urban and a rural site, and WCCP, the urban site, began operating in 1989.

One of WCCP's primary intervention programs is Families First, in which families at risk of having their children removed participate in 20 hours a week of home-school therapy for 6-10 weeks. For high-risk families not having as many problems as the Families First clients, a case manager serves as a strong link between the school and the home and monitors the needs of the child and family, which may include after-school tutoring, parenting education, other WCCP services, and referral to services outside of WCCP. A Parents as Teachers program, not funded by WCCP, collaborates to strengthen parenting skills for families with preschoolers.

All children receive school health services, including screenings for height, weight, vision, and levels of cholesterol and lead. Other services include Latchkey, a before- and after-school child care program, and Drug Free Recreation provided on Friday nights for elementary, middle, and high school students.

Funding:

Public funding sources for the Walbridge program are the State Departments of Health, Mental Health, Social Services, and Elementary and Secondary Education; private sources include the Danforth Foundation and Civic Progress, a consortium of area businesses. The annual operating budget is about $560,000; the cost of intensive services is estimated at $1,000 per child annually.

Evaluation and Future Plans:

An evaluation conducted by Philliber Research Associates in New York indicated a positive impact of intensive services on children's academic achievement, school behavior, and study habits. The Caring Communities Program is hoping to expand into four more elementary schools and two middle schools in the area.

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Lincoln Intermediate Unit No. 12
Migrant Child Development Program
Gettysburg, Pennsylvania

Primary Focus:

Provides and coordinates educational and social services for migrant children and families.

Scope:

Statewide (with Pennsylvania funding); 31 counties (with Federal funding)

Description:

Children of migrant families move, on average, four times during the school year and miss almost half of all scheduled school days. This constant disruption of children's education results in many migrant children falling behind their non-migrant peers and puts them at risk of school failure. The Migrant Child Development Program from Lincoln Intermediate Unit No. 12 (LIUMCDP) provides a comprehensive set of services to meet the needs of migrant children from birth through age 21.

Now LIUMCDP, through the Migrant Even Start Family Literacy Program, coordinates the efforts of organizations including East Coast Migrant Head Start, regular Head Start, the Adams County Literacy Council, Catholic Charities, Center for Human Services, and Lincoln Intermediate Unit No. 12.

LIUMCDP began providing services to migrant families in 1958. Services for migrant children were funded entirely by the State of Pennsylvania until 1967 when the first federal money for migrant education became available. Since then many other organizations in the area have started providing services to migrant children and families. Now LIUMCDP, through the Migrant Even Start Family Literacy Program, coordinates the efforts of organizations including East Coast Migrant Head Start, regular Head Start, the Adams County Literacy Council, Catholic Charities, Center for Human Services, and Lincoln Intermediate Unit No. 12. LIUMCDP also integrates services from other federal agencies and programs such as Migrant Health Services, JOBS Services, Rural Opportunities, Inc., and Migrant Day Care.

For very young children, educational services include child care centers, as well as group and family child care homes. Through contract arrangements with LIUMCDP, high quality child care with a focus on academic readiness skills is provided. For school-age children, LIUMCDP provides intervention specialists, at no cost, to schools serving migrant children. For limited English proficient children, project P.I.A.G.E.T., a national Title VII program, focusing on increasing English language communication skills and improving children's self-image, is incorporated into child care center curriculum and other school programs.

In migrant families, even more than for other families, parents are the most important constant in the children's lives — perhaps the only constant. Strengthening parents in their roles as teachers and advocates for their children is likely to have a longer-term payoff for children than other interventions. Operating in the western part of the state, the Parents as Tutors program teaches migrant parents how to facilitate learning and become educational advocates for their children. The federal Even Start program, which operates in two Pennsylvania counties, works to help parents become better teachers and advocates for their children, as well as to improve their own literacy.

Due to the nature of their parents' employment, many migrant children are isolated from information about career opportunities outside of agriculture. To fill this gap, LIUMCDP provides career training to educate migrant youth about alternative careers and give them hands-on training through a work experience program. Students between the ages of 15-21 who have not yet graduated from high school have the opportunity to divide their time between a job site and related classroom education. The program pays minimum wage for both time worked and class time and introduces students to careers from assembly line work to data processing.

Funding:

The total operating budget for 1992 was approximately $1.5 million. Almost two-thirds of these revenues come from federal sources, including the Migrant Education Program, the Child and Adult Feeding Program, Summer Food Service Program, Chapter 2 Summer Intensive Language Program, and Migrant Even Start. This funding covers 31 counties. All other funding comes from state and local sources and is intended to serve migrant children throughout Pennsylvania.

Evaluation and Future Plans:

Each year LIUMCDP evaluates its staff, students and program. Personnel evaluations are designed to improve the quality of the staff and the services they provide. Student progress is measured by a variety of tests including the Preschool Inventory Test, the Peabody Picture Vocabulary Test, the Brigance, and the P.I.A.G.E.T. evaluation. Evaluation of the program includes input from staff and parents, as well as a state team that evaluates preschool and school programs. Information gathered during the evaluation is used to improve services.

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References

Adams, Gina. 1990. *Who Knows How Safe?* Washington, D.C.: Children's Defense Fund.

Adams, Gina; Sandfort, Jodi R. 1992. *State Investments in Child Care and Early Childhood Education.* Washington, D.C.: Children's Defense Fund.

Ahart, Ariel; Rutsch, Carolyn; Morgan, Cynthia Holmes. 1991. *Programs Serving Drug-Exposed Children and Their Families.* Volume 2, Site Visit Summaries and Program Descriptions. Washington, D.C.: U.S. Department of Health and Human Services.

Alexander, Lamar. 1992. *America 2000: One Year Later.* Washington, D.C.: U.S. Department of Education.

American Home Economics Association. 1991. *Quality Criteria for School-Age Child Care Programs.* Edited by Kay M. Albrecht. Alexandria: American Home Economics Association.

American Home Economics Association. 1991. *Matching School-Age Child Care with your Child's Needs.* Benton Harbor: Whirlpool Corporation.

American Home Economics Association. 1991. *Developmentally Appropriate Practice in School-Age Child Care Programs.* Edited by Kay M. Albrecht and Margaret C. Plantz. Alexandria: American Home Economics Association.

Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. 1992. *Comprehensive Services Integration Programs for At Risk Youth.* Washington DC: Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, Division of Children and Youth Programs

Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. 1992. *Drug Exposed Infants and Children: Service Needs and Policy Questions.* Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, Division of Children and Youth Programs.

Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. 1992. *Homeless Families with Children: Programmatic Responses by Five Communities.* Washington, D.C.: Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, Division of Children and Youth Programs.

Assistant Secretary for Planning and Evaluation, Department of Health and Human Services. 1992. *Services for Migrant Children in the Health, Education and Social Services System.* Washington, DC: Office of the Assistant Secretary for Planning and Evaluation, Office of Human Services Policy, Division of Children and Youth Programs.

Baughman, Lela; Chapel, Thomas; Rutsch, Carolyn. 1991. *Homeless Families With Children: Programmatic Responses of Five Communities.* Cross-Site Comparisons and Findings. Washington, D.C.: U.S. Department of Health and Human Services. 2 Vols.

Behrman, Richard E, Ed. 1992. *The Future of Children.* Los Altos: The David and Lucile Packard Foundation.

Bloom, Dan; Kopp, Hilary; Long, David; Polit, Denise. 1991. *Implementing a Welfare Initiative to Improve School Attendance Among Teenage Parents: Ohio's Learning, Earning, and Parenting Program.* New York: Manpower Demonstration Research Corporation.

Boyer, Ernest. 1991. *Ready to Learn: A Mandate for the Nation.* Princeton: The Carnegie Foundation for the Advancement of Teaching.

Bredekamp Sue; Shepard, Lorrie. 1989. "How Best to Protect Children from Inappropriate School Expectations, Practices, and Policies." *Young Children* 44(3, March):14-24.

Bridgman, Anne. 1989. *Early Childhood Education and Childcare.* Arlington: American Association of School Administrators.

Bruner, Charles; Carter, Judy Langford. 1991. *Family Support and Education: A Holistic Approach for School Readiness.* Washington, D.C.: The Women's NETWORK of the National Conference of State Legislatures.

Brush, Lorelei R.; McInerney, Maurice; Pollock, Mary Kathryn. 1990. *The Assessment of School Readiness in the National Household Education Survey.* Washington, D.C.: National Center for Educational Statistics.

Bucko, Richard, Ed.D. 1986. *Elementary Grade Retention: Making the Decision.* Paper presented at the NAESP Convention. Las Vegas, Nevada, April.

Cave, George; Doolittle, Fred. 1991. *Assessing Jobstart: Interim Impacts of a Program for School Dropouts.* New York: Manpower Demonstration Research Corporation.

Cave, George; Quint, Janet. 1990. *Career Beginnings Impact Evaluation: Findings from a Program for Disadvantaged High School Students.* New York: Manpower Demonstration Research Corporation.

Center for the Future of Children. 1992. *The Future of Children.* Los Altos: Center for the Future of Children.

Charlesworth, Rosalind. 1989. ""Behind" Before they Start? Deciding How to Deal With the Risk of Kindergarten "Failure"." *Young Children* 44(3, March):5-13.

"Child Care in the 101st Congress: What was achieved and how will it work?" 1990. The Family Impact Seminar. The American Association for Marriage and Family Therapy. Washington, D.C., 25 January.

References

Children's Defense Fund. 1992. *Child Care Under the Family Support Act: Early Lessons from the States.* Washington, D.C.: Children's Defense Fund.

Christopher, Gail C. 1989. "Strengthening Families: Examples of Community-Based Family Support Programs that Respond to Public Policy Concerns." Public Policy and Family Support and Education Colloquium. Annapolis, Maryland, 26-28 April.

Cohen, Deborah. 1992. "For Children with "No Decent Place": Housing Woes Jeopardize Learning ." *Education Week* 11(39, 17 June):1,20-22.

Cohen, Deborah L. 1992. "Complex Set of Pieces Needed to Fill in School-Readiness Puzzle." *Education Week*, 12 February, 14-15.

Cohen, Deborah L. 1992. "Conditions 'Bleak' for Rural Children, C.D.F. Finds." *Education Week*, 8 January, 7.

Cohen, Deborah L. 1991. "In California Districts, Foster-Youth Program Helps Rescue 'Throw-Away Students.'." *Education Week*, 5 June, 14-17.

Cohen, Deborah L. 1991. "Children Fare Well in For-Profit Day Care, Study Finds." *Education Week*, 20 November, 10.

Colker, Laura J. 1991. "Getting Ready for Readiness: A Case Study." *The ERIC Review* 2(1):7-11.

Committee for Economic Development. 1991. *The Unfinished Agenda: A New Vision for Child Development and Education*. New York: Committee for Economic Development.

Cornell Empowerment and Family Supports Project. 1990. *The Cornell Empowerment and Family Supports Network Directory*. Ithaca: Cornell University.

CSR Incorporated; Information Technology International. 1991. *Comprehensive Child Development Program—A National Family Support Demonstration*. (ACF) 92-31267. Washington, D.C.: U.S. Department of Health and Human Services.

Division of School Management and Support Services. 1991. *Minnesota Early Childhood Family Education Parent Outcome Interview Study Summary*. Draft 9-91. St. Paul: Minnesota Department of Education.

Division of School Management and Support Services. 1986. *Evaluation Study of Early Childhood Family Education*. St. Paul: Minnesota Department of Education.

Earle, Janice; Kysilko, David. 1991. *Implementing the Children's Agenda: Critical Elements of System Wide Reform*. A Statement of the National Coalition for an Urban Children's Agenda. Alexandria: National Association of State Boards of Education.

Edelman, Peter; Radin, Beryl. 1990. *Effective Services for Children and Families: What Do We Know and What Do We Do Now as a Consequence?* Washington, D.C.: Peter Edelman and Beryl Radin.

Education Writers Association. 1992. *Listening to Mothers' Voices*. Washington, D.C.: The Education Writers Association.

"Family Centered Care for Children with Special Health Care Needs." 1989. The Association for the Care of Children's Health. September.

Ford, Elizabeth A. 1991. *Goal One: Resource Directory*. Washington, D.C.: National Association for the Education of Young People.

"Goal 1: Problem or Promise?" 1992. *Young Children*. 1992., January, 38-40.

Goodson, Barbara Dillon; Swartz, Janet P.; Millsap, Mary Ann; Spielman, Susan C.; Moss, Marc; D'Angelo, Diane;. 1991. *Working with Families: Promising Programs to Help Parents Support Young Children's Learning*. Washington, D.C.: U.S. Department of Education.

Hechninger, Fred M. 1992. *Fateful Choices: Healthy Youth for the 21st Century*. Washington, DC: Carnegie Council on Adolescent Development.

Holmes, C. Thomas; Mathews, Kenneth M. 1984. "The Effects of Nonpromotion on Elementary and Junior High School Pupils: A Meta-Analysis." *Review of Education Research* 54(2 , Summer):225-236.

"Homeless Children in New York City.." 1992. *Education Week*. 1992., 8 January, 5.

Illinois Prevention Resource Center. 1992. *Prevention Forum* 12(3, Summer).

"International Perspectives on School Health." special issue. 1990. *Journal of School Health*. 1990. 60(7).

Kagan, Sharon L. 1992. "Ready or Not! Collaboration is Fulcrum on Which Readiness Goal Rests." *The School Administrator* 49(5):14-18.

Kagan, Sharon L. 1992. "Young Children and Education: First .. at Last." *Principal* 71(5):6-8.

Kagan, Sharon L, ed. 1991. *The Care and Education of America's Young Children: Obstacles and Opportunities*. Chicago: The University of Chicago Press.

Kagan, Sharon L. 1990. "Readiness 2000: Rethinking Rhetoric and Responsibility." *Phi Delta Kappan* 72(4):272-279.

Kagan, Sharon L. 1989. "Early Care and Education." *Phi Delta Kappan*, February, 432-439.

Katz, Lilian G. 1992. "Readiness: Children and their Schools." *The Eric Review* 2(1):2-6.

References

Katz, Lilian G. 1991. "Pedagogical Issues in Early Childhood Education." Ninetieth Yearbook of the National Society for the Study of Education. In *The Care and Education of America's Young Children: Obstacles and Opportunities*, edited by Kagan, S.L. Chicago: University of Chicago Press.

Klerman, Lorraine. 1991. *Alive and Well? A Research and Policy Review of Health Programs for Poor Young Children*. New York: National Center for Children in Poverty.

LeBlanc, Linda A.; Pfannenstiel, Judy C.; Tashjian, Michael D. *Unlocking Learning: Chapter 1 in Correctional Facilities*. Rockville: Westat, Inc.; Policy Studies Associates, Inc.; Research and Training Associates, Inc.

Levy, Janet E.; Kagan, Sharon L; Copple, Carol. 1992. *Are We* Ready? Collaboration to Support Young Children and Their Families. Washington, D.C.: The Foundation for Child Development.

Lewis, Nancy. 1992. "Five Children Imprisoned in D.C. Home." *The Washington Post*, 17 July, A1,A10.

Love, John M.; Logue, Mary Ellin; Trudeau, James V.; Thayer, Katharine. 1992. *Transitions to Kindergarten in American Schools*. Washington, D.C.: U.S Department of Education.

Love, John M.; Logue, Mary Ellin. 1992. *Transitions to Kindergarten in American Schools: Executive Summary*. Washington, D.C.: U.S. Department of Education.

Love, John M.; Ryer, Paul; Faddis, Bonnie. 1992. *Caring Environments: Program Quality in California's Publicly Funded Child Development Programs*. Report on the Legislatively Mandated 1990-91 Staff/Child Ratio Study. Sacramento: California Department of Education.

Macro Systems, Inc. 1991. *Programs Serving Drug-Exposed Children and Their Families (2 Vols.)*. Washington, D.C.: Macro Systems, Inc.

Macro Systems, Inc. 1991. *Homeless Families with Children: Programmatic Responses of Five Communities*. Washington, D.C.: Macro Systems, Inc. 2 Vols.

Marks, E.; Morrill, W.A.; Reisner, E.R.; Chimerine, C. 1991. *Selected Collaborations of Service Integration*. Washington, D.C.: Mathtech Inc. and Policy Studies Associates.

Maryland State Department of Education. 1992. *Maryland's Tomorrow*. Baltimore: Maryland State Department of Education.

Mathtec, Inc.; Policy Studies Associates. 1992. *Selected Collaborations of Service Integration*. Prepared for the U.S. Deparment of Education and U.S. Department of Health and Human Services. Washington, D.C.

McLoyd, Vonnie; Wilson, Leon. 1991. "The Strain of Living Poor: Parenting, Social Support, and Child Mental Health." Pp. 105-135 in *Children in Poverty: Child Development and Public Policy*, edited by Huston, Aretha. New York: Cambridge, V.P.

Meisels, Samuel J. 1992. "Doing Harm by Doing Good: Iatrogenic Effects of Early Childhood Enrollment and Promotion Policies." *Early Childhood Research Quarterly* 7:155-174.

Meisels, Samuel J. 1989. *Developmental Screening in Early Childhood: A Guide*. Washington, D.C.: The National Association for the Education of Young Children.

Meisels, Samuel. 1987. "High-Stakes Testing." *Educational Leadership*, April, 16-21.

Meisels, Samuel J. 1987. "Uses and Abuses of Developmental Screening and School Readiness Testing." *Young Children*, January, 4-6, 68-73.

Minnesota Department of Education. 1986. *Minnesota Early Childhood Family Education*. St. Paul: Minnesota Department of Education.

Minnesota EFCE. *Answers to Commonly Asked Questions*. St. Paul: Minnesota EFCE.

National Association for the Education of Young Children. 1992. *Ready or Not..What Parents Should Know About School Readiness*. Washington, D.C.: NAEYC.

National Association for the Education of Young Children. 1990. "NAEYC Position Statement on School Readiness." *Young Children* 46(1, November):21-23.

National Association for the Education of Young Children. 1988. "NAEYC Position Statement on Standardized Testing of Young Children 3 Through 8 Years of Age." *Young Children* 43(3, July):42-47.

National Association of Elementary School Principals. 1992. *Early Childhood Education and the Elementary School Principal*. Alexandria: National Association of Elementary School Principals.

National Association of State Boards of Education. 1988. *Right from the Start: The Report of the NASBE Task Force on Early Childhood Education*. Alexandria: National Association of State Boards of Education.

National Center of Children in Poverty. 1992. Papers presented at the Comprehensive Health Care Strategies for Young Children in Poverty, sponsored by the National Center for Children in Poverty, Columbia University School of Public Health.

National Center for Children in Poverty. 1990. *Five Million Children*. New York: National Center for Children in Poverty.

National Coalition for an Urban Children's Agenda. 1989. *Implementing the Children's Agenda: Critical Elements of System-Wide Reform*.

References

National Commission on Children. 1991. "Increasing educational achievement." In *Beyond Rhetoric: A New American Agenda for Children and Families*. Washington, D.C.: National Commission on Children.

National Diffusion Network. 1991. *Exemplary Projects*. Washington, D.C.: United States Department of Education.

National Education Goals Panel. 1991. *Building a Nation of Learners*. The National Education Goals Report. Washington, D.C.: U.S. Department of Education.

National Education Goals Panel. 1991. *Goal 1: Technical Planning Subgroup Report on School Readiness*. Washington, D.C.: National Education Goals Panel.

National Governor's Association. 1992. *Every Child Ready for School*. Washington, D.C.: National Governor's Association.

National Health/Education Consortium; Polray Studies Associates, Inc. 1992. *Creating Sound Minds and Bodies: Health and Education Working Together*. Washington, D.C.: National Health/Education Consortium and Polray Studies Associates, Inc.

National Task Force on School Readiness. 1991. *Caring Communities: Supporting Young Children and Families*. Alexandria: The National Association of State Boards of Education.

Newman, Lucile; Buka, Stephen L. 1990. *Every Child a Learner: Reducing the Risks of Learning Impairment During Pregnancy and Infancy*. Denver: Education Commission of the States.

Nickse, Ruth S. 1990. *Family and Intergenerational Literacy Programs: An Update of "The Noises of Literacy"*. Ohio: ERIC Clearinghouse on Adult, Career, and Vocational Education, The Ohio State University.

Novello, AC; DeGraw, CA; Kleinman, DV. 1992. "Healthy Children Ready to Learn: An Essential Collaboration Between Health and Education." *Public Health Reports* 107(1):3-15.

Ogle, Laurence. 1990. *Programs and Plans of the National Center for Education Statistics*. Washington, D.C.: U.S. Government Printing Office.

Orloff, TM; Rivera, L; Harris, P. 1992. *Medicaid and Early Intervention Services: Building Comprehensive Programs for Poor Infants and Toddlers*. Washington, D.C.: Children's Defense Fund.

Parents as Teachers National Center. 1987. *Missouri's PAT Model and Other Parent Education Programs*. St. Louis: Parents as Teachers National Center.

Pelavin, Diane; Siegel, Peggy; Kirshstein, Rita. 1991. *Implementation of the Chelsea School Project: A Case Study*. Washington, D.C.: Pelavin Associates.

Pelavin Associates. 1990. *Tomorrow: Making a Difference*. Executive Summary. Washington, D.C.: Pelavin Associates.

Pines, Marion. 1992. *Family Investment Strategies: Improving the Lives of Children and Communities*. Washington, DC: Partners for Livable Places.

Powell, Douglas R. 1989. *Families and Early Childhood Programs*. Research Monographs of the National Association for the Education of Young Children. Washington, D.C.: National Association for the Education of Young Children.

Prince, Cynthia D., Ph.D. 1992. *Reactions to the Goal 1 Technical Planning Subgroup Report on School Readiness: Executive Summary*. Washington, D.C.: National Education Goals Panel.

Quint, Janet C.; Fink, Barbara L.; Rowser, Sharon L. 1991. *New Chance: Implementing a Comprehensive Program for Disadvantaged Young Mothers and Their Children*. Nw York: Manpower Demonstration Research Corporation.

Ralph, John; Dwyer, M. Christine. 1988. *Making the Case: Evidence of Program Effectiveness in Schools and Classrooms*. Washington, D.C.: U.S. Department of Education.

Ramey, Sharon Landesman; Ramey, Craig T. in press. *Early Educational Intervention with Disadvantaged Children—To What Effect?*

Reisner, Elizabeth R.; Chimerine, Carrie; Morrill, William A.; Marks, Ellen. 1991. *Selected Collaborations of Service Integration*. Washington, D.C.: U.S. Department of Education and U.S. Department of Health and Human Services.

Rothman, Robert. 1991. "Bush Panel Members Endorse Readiness Assessment." *Education Week*, 5 June, 24.

Schorr, Lisbeth B. 1990. "Attributes of Effective Services for Young Children: A Brief Survey of Current Knowledge and Its Implications for Program and Policy Development." Paper prepared for The National Forum on the Future of Children and Families Workshop on Effective Services for Young Children. 1 November.

Schorr, Lisbeth B.; Both, Deborah; Copple, Carol., eds. 1991. *Effective Services for Young Children*. Report of a Workshop. Washington, D.C.: National Academy Press.

Schorr, Lisbeth B. 1988. *Within Our Reach*. New York: Doubleday.

Schultz, Tom; Lombardi, Joan. 1989. "Right From the Start: A Report on the NASBE Task Force on Early Childhood Education." *Young Children* 44(1, January):6-10.

References

Selden, P.A.J. 1987. "Readiness for School: A Teacher's Perspective." Paper prepared for the NCES. January.

Shelton, Terri L.,Ph.D.; Jeppson, Elizabeth S.,Ph.D.; Johnson, Beverly H.; 1992. *Family-Centered Care for Children with Special Health Care Needs*. Bethesda: Association For The Care of Children's Health.

Slavin, Robert E.; Karweit, Nancy L.; Madden, Nancy A. 1989. "Effective Kindergarten Programs and Practices for Students at Risk." Pp. 103-142 in *Effective Programs for Students at Risk*. Boston: Allyn and Bacon.

Slavin, Robert E.; Karweit, Nancy L.; Madden, Nancy A. 1989. "Effective Preschool Programs for Students at Risk." Pp. 75-101 in *Effective Programs for Students at Risk*. Boston: Allyn and Bacon.

Smith, Shelia; Blank, Susan; Bond, James T., 1990. *One Program, Two Generations*. New York: Foundation for Children Development.

Sonenstein, Freya L; Ku, Leighton; Juffras, Jason; Cohen, Barbara. 1991. *Promising Prevention Programs for Children*. Alexandria: United Way of America.

Sonnier, Catherine. 1991. *Implementing Early Intervention Services for Infants and Toddlers with Disabilities*. P.L. 101-476, Part H. Denver: National Conference of State Legislatures.

Sopris West, Inc. 1992. *Educational Programs That Work*. The Catalogue of the National Diffusion Network 18th Ed. Colorado: Sopris West, Inc.

SRI International; Policy Studies Associates. 1990. *Study of Academic Instruction for Disadvantaged Students: Better Schooling for the Children of Poverty: Alternatives to Conventional Wisdom*. Volume 2. Washington, D.C.: U.S. Department of Education.

Sugarman, Jule M. 1991. *Building Early Childhood Systems*. Washington, D.C.: Child Welfare League of America.

The Horizons Fund. 1991. Cambridge: The Horizons Fund.

The Report of the National Task Force on School Readiness. 1991. *Caring Communities: Supporting Young Children and Families*. Alexandria: National Association of State Boards of Education.

The Unfinished Agenda: A New Vision for Child Development and Education. 1991. New York: Committee for Economic Development, Research and Policy Committee.

U.S Department of Education. 1992. *1991-1992 Directory of Selected Early Childhood Programs*. Washington, DC: Office of Special Education and Rehabilitative Services.

U.S Department of Education. 1992. *Educational Programs that Work*. Washington, DC: National Diffusion Network.

U.S. Department of Education. 1992. *Preparing Young Children for Success: Guideposts for Achieving our First National Goal*. Washington, D.C.: U.S. Department of Education.

U.S. Department of Education. 1991. *America 2000—Creating New American Schools: A Working Directory of Research and Practice*. Draft. Washington, D.C.: U.S. Department of Education.

U.S. Department of Education. 1991. *Guideposts of Achieving our First National Goal— America 2000: An Education Strategy*. Washington, D.C.: U.S. Department of Education.

U.S. Department of Education. 1990. *Even Start Abstracts 1990*. Washington, D.C.: United States Department of Education.

U.S. Department of Education. 1989. *Even Start Abstracts 1989*. Washington, D.C.: United States Department of Education.

U.S. Department of Education; National Diffusion Network. 1988. *The Mechanical Universe and Beyond: Materials for High School Physics*. A Proposal Submitted to the Program Effectiveness Panel.

U.S. Department of Health and Human Services. 1991. *Services Integration for Families and Children in Crisis*. Washington, D.C.: Department of Health and Human Services.

U.S. General Accounting Office. 1990. *Home Visiting: A Promising Early Intervention Strategy for At-risk Families*. Report to the Chairman, Subcommittee on Labor, Health, and Human Services, Education and Related Agencies, Committee on Appropriations, U.S. Senate. Washington, D.C.: GAO.

U.S. General Accounting Office. 1988. *Children's Programs: A Comparative Evaluation Framework and Five Illustrations*. GAO/pemd-88-28BR. Washington, D.C.: GAO.

U.S. Public Health Service. 1990. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. Washington, D.C.: U.S. Government Printing Office.

United Way of America. 1991. *Investing in Children*. Alexandria: United Way of America.

Van Fossen, Sandra; Sticht, Thomas G. 1991. *Teach the Mother and Reach the Child: Results of the Intergenerational Literacy Action Research Project of Wider Opportunites for Women*. Washington, D.C.: Wider Opportunities for Women.

Weiss, Heather B. 1992. *Building Partnerships: Models of Family Support and Education Programs*. Cambridge: Harvard Family Research Project.

Weiss, Heather B. 1992. *Innovative States: Emerging Family Support and Education Programs*. 2nd Ed.

References

Cambridge: Harvard Family Research Project.

Weiss, Heather B. 1992. *Pioneering States: Innovative Family Support and Education Programs*. 2nd Ed. Cambridge: Harvard Family Research Project.

Weiss, Heather; Hausman, Bonnie; Seppanen, Patricia. 1988. *Pioneering States: Innovative Family Support and Education Programs*. Cambridge: Harvard Family Research Project.

Weiss, Heather B.; Jacobs, Francine., eds. 1988. *Evaluating Family Programs*. New York: Aldine de Gruyter.

West, Peter. 1992. "Indians Go on Offensive to Fight Alcohol's Effects." *Education Week*, 22 January, 12-13.

Willer, Barbara; Bredekamp, Sue. 1990. "Redefining Readiness: An Essential Requisite for Educational Reform." *Young Children* 45(5, July):22-24.

Zill, Nicholas, Ph.D. 1992. "Assessing the School Readiness of Young Children in the United States." Exhibits prepared for the Chapter 1 Regional Meeting. Washington, D.C., 15 April.

Zill, Nicholas, Ph.D. 1991. "Report on a Discussion Meeting on Child Readiness Profiles in Developing Nations." Washington, D.C.: Agency for International Development.

Zill, Nicholas Ph.D. 1990. *Child Health and School Readiness: Background Paper on a National Education Goal*. Washington, D.C.: U.S.Department of Education.

Zill, Nicholas; Moore, Kristin A.; Smith, Ellen W.; Stief, Thomas; Coiro, Mary Jo. 1992. *The Life Circumstances and Dev-elopment of Children in Welfare Families: A Profile Based on National Survey Data*. Washington, D.C.: Child Trends, Inc.

Zill, Nicholas; Wolpow, Ellen.. 1991. "School Readiness: Examining a National Goal." *Principal* 70(5, May):14-18.

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